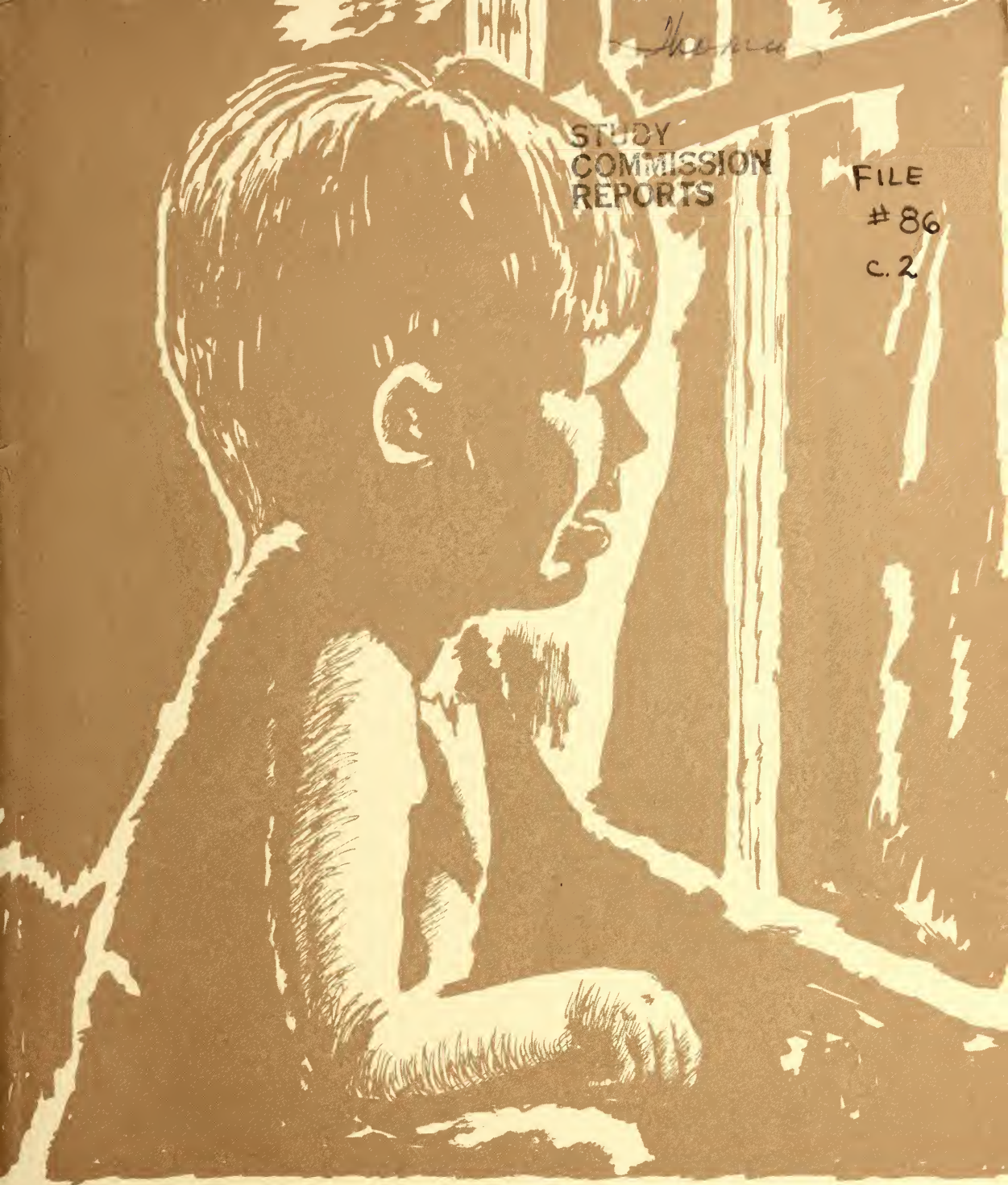




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Proceedings of
THE SECOND GOVERNOR'S CONFERENCE
ON CHILD ABUSE AND NEGLECT

April 17-18, 1972

Edited by Mason P. Thomas, Jr.

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Cover design by Ted Clark

Conference on
Child Abuse and Neglect



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Raleigh, North Carolina, 1972

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Introduction

Mason P. Thomas, Jr.

Several legislators gave leadership to a mandatory child abuse reporting law for North Carolina during the 1971 General Assembly. Such legislation was adopted and became law on July 1, 1971. The various efforts toward effective implementation of this legislation have served to focus public attention on the complex problems related to child abuse and neglect--a problem which we are reluctant to face.

The new mandatory child abuse reporting law seemed to provide a reason for a second state-level Governor's conference on the subject. The first was conceived by Dr. T. D. Scurletis of the State Board of Health and held during the administration of Governor Dan K. Moore on November 22, 1966. In October, 1971, Mason P. Thomas, Jr., of the Institute of Government, sought financial support through the National Council of Juvenile Court Judges to fund such a conference. Others in state government had the same idea, particularly Dr. T. D. Scurletis and the leadership of the Council on Developmental Disabilities. Mrs. Janice Wells, Supervisor of Protective Services, State Department of Social Services, provided leadership and coordination in getting those interested to join together in planning. A small planning committee of interested persons was called together in January, 1972. The idea was presented to Governor Robert W. Scott through his staff,

primarily Mr. David Murray. A larger planning committee was formed, and we began to identify tasks and divide responsibilities. A program committee was formed, with Mason Thomas as chairman. A committee on invitations was headed by Dr. T. D. Scurletis. Arrangements and meals were to be handled by committees headed by Mrs. Lottie Porter, Consultant in School Social Services, State Department of Public Instruction, and Mrs. Phebe Emmons, North Carolina Association of Educators. Mrs. Margaret Paris of the State Department of Social Services agreed to take responsibility for registration and assignment of conference participants into small discussion groups.

Many individuals and organizations, both public and private, worked together to develop the conference, define the program, issue invitations, make arrangements for physical facilities, and pay the necessary expenses. There were times when we felt we were undertaking more than we should in a limited time. Without effective teamwork and a joint commitment to our purpose, we could not have done it.

As the plans emerged, we had two national sponsoring agencies who also contributed toward funding the conference--the Children's Division of the American Humane Association, and the National Council of Juvenile Court Judges. There were five private professional organizations within the State of North Carolina who joined in sponsorship. The State Department of Social Services was able to arrange the honorarium for one of the two out-of-state experts who appeared on the program. This Department also participated in the cost of publishing these proceedings. The State Board of Health paid for the printing of the invitations. The Council on Developmental Disabilities is providing most of the cost of editing and publication of the proceedings. A complete list of the sponsors is contained on the inside cover of these proceedings.

THE FIRST DAY

Child Abuse The Facts We Are Reluctant to Face

Robert W. Scott

I called this Second Governor's Conference on Child Abuse and Neglect in order to focus public attention on the complex problems related to effective child protection in North Carolina. The need for such a conference is obvious. Shocking evidence of child abuse and neglect has been documented by figures from the Central Registry maintained in the State Department of Social Services--3,387 reports received by county social services departments between July 1, 1971, and February 1, 1972. Twenty-three of the children died.

As grim as these figures are, they are incomplete. Eleven of our 100 counties filed no reports at all during those seven months. We are forced to admit that we do not really know the extent of child abuse and neglect in North Carolina.

We must also concede this very basic point: there is widespread reluctance to face the fact that thousands of North Carolina parents do abuse and neglect their own children, sometimes causing death, serious bodily injury, or lasting emotional damage. Perhaps one reason for this reluctance is that brutality toward a child is so appalling that we cannot believe it. Nevertheless it is here--a strange anomaly in a society that professes to be child-centered.

The problem is very complex. Why does a parent mistreat a child? Stress in the family, stress due to personal frustrations, financial problems--many types of stress can lead an adult to harm another person. The child is the most convenient person to strike out at. He's there, and he's little. The old kicking the dog theory, you might say. But there is no single cause that can be identified and eliminated. The problem is closely related to our various methods of child care and our differing concepts of appropriate methods of child discipline. Too often this problem is considered in the heat of public emotions that are understandably generated when a sensationalized case of child abuse comes to light. We become angry and crave retribution. It is difficult to take a thoughtful and objective view.

Our society's system of laws has developed over hundreds of years. The assumption that parents will protect their children has been carried over from our English heritage. Thus court decisions tend to place more emphasis on protection of parental rights than protection of children from abusive parents. The North Carolina court cases dealing with this subject hold that parents are immune from criminal prosecution or civil liability for injuries to their children unless they are proved to be malicious in administering punishment or unless they inflict permanent bodily injury to the child. These case precedents may need reevaluation in light of new knowledge about the phenomenon of parental abuse of children.

We are now in a time of reevaluation, change, and reform. Legislatures and courts across the country are thinking more about children's rights and child protection. In a surge of legislative interest in more effective child protection, all states adopted some form of child abuse reporting laws between 1963 and 1967, a fact that indicates a change in our traditional ideas that parents will protect and that parental rights are more important than child protection.

I urge you, in thinking about the problem of child abuse and neglect during this conference, to be cautious. Our present state of knowledge about the problem is in its infancy. The professionals most deeply involved do not agree on definitions of child abuse or its causes. We do not know the extent of child abuse and neglect, either in the nation or in North Carolina. Our basic approach to the problem has been the enactment of child abuse reporting laws. There have been legitimate differences concerning the proper form of such

legislation. The more important issue for the 1970s is to determine whether or not the present system of child-abuse reporting is an effective and sufficient approach for child protection. I challenge you to think carefully and objectively about this during this two-day conference.

Sometimes it is important to look to the past to understand the present. The history of man and our civilization teaches us that the phenomenon of child abuse and mistreatment is deeply rooted in our cultural and religious heritage. It is as old as civilization itself. Yet the facts about child abuse have remained largely hidden and repressed. Traditional history courses fail to tell us the shocking facts about child abuse through the centuries. Infanticide--the killing of newborn infants with the implied consent of parents and the community--has been used to effect birth control, to avoid the embarrassment of an illegitimate child, to dispose of a weak or deformed child, or to serve religious ends. Abandonment or exposure of an unwanted child to the elements was common in ancient societies. Both exposure and infanticide were commonly practiced in ancient Greece. The Bible contains many references to infanticide and exposure--the story of Abraham and Isaac, the rescue of the infant Moses. Most societies have permitted severe physical punishment of children by parents and teachers to maintain discipline, to establish a proper atmosphere for teaching and learning, to satisfy religious imperatives, or to drive away evil spirits. "Spare the rod and spoil the child" is a biblical mandate.

The history of our own young nation reflects the beginnings of governmental neglect in assuming responsibility for poor, orphaned, and neglected children. Our government's inaction in the face of widespread exploitation of child labor during the Industrial Revolution in America, when children were worked long hours in factories under repressive conditions for very low wages, is one example. In 1916 a scholar named George Henry Payne wrote a book entitled The Child in Human Progress. While Payne labeled the twentieth century the "century of the child" in this country, he added these words of caution: "The general history of the child. . . moves as from one mountain peak to another with a long valley of gloom in between." Recognition of the existence of child abuse and neglect leading to concern for child protection has come in cycles throughout history. For the most part we have preferred to repress or ignore the facts.

The decade of the sixties was the first time in a century that wide public interest was aroused. Technology in the form of the x-ray machine forced objective new documentation of child abuse on us. Under the leadership of doctors, particularly pediatric radiologists, old phrases like child abuse and neglect were revived and new ones such as the battered-child syndrome were coined to attract public attention. Once the problem was identified and described by medical leadership, sensational cases were uncovered. The reaction in the nation was quick, sometimes emotional and angry, sometimes thoughtful and studied. Child-abuse reporting laws were swiftly enacted in all states between 1963 and 1967.

Most states adopted mandatory child-abuse reporting laws. In 1965 North Carolina enacted a voluntary child-abuse reporting law that was replaced by the mandatory reporting law enacted by the 1971 General Assembly. This new law provides an impetus for this conference. The legislative policy of North Carolina now requires that each of us report any case of child abuse we become aware of to the county director of social services in the county where the child lives or is found. The general thrust of this law is to provide more effective child protection through identification of abused or neglected children in need of protective services. Our hope is that if we offer help to parents, children can safely continue to live in their own homes. Yet procedures for removal of children are provided where necessary. The district solicitor is to be notified about child-abuse cases, and he decides whether to pursue prosecution of the parents.

The key to successful child protection will be effective cooperation and coordination among the various agencies involved at the community level. The law enforcement officer, the physician, the hospital, the court personnel, public health agencies, social services personnel, public and private agencies, all must work together. Reporting and identifying child abuse or neglect has no meaning unless it is followed by meaningful and appropriate action and services.

I cannot emphasize too strongly the need for public awareness, public concern, and public willingness to report cases of child abuse and neglect. The responsible agencies of government are ready to move--if the public will act. I pledge the resources of my administration and of state government to insure more effective child protection in North Carolina. Working together, we can do better by our children.

Causes and Extent of Child Abuse

The National View

David G. Gil

American society has often been described as child-centered. This idealized image seems, however, contradicted by various destructive aspects of child life in the United States such as widespread poverty, hunger, malnutrition, neglect and exploitation; stultifying education and inadequate health care; and an ample measure of physical violence inflicted upon children in their homes, in schools, in child care facilities, and in various children's institutions. There can be little doubt that all these phenomena tend to block opportunities for growth and development of many millions of children, and that they prevent the realization of their innate human potentialities.

Physical violence against children has attracted considerable interest during recent decades in this country and overseas among pediatricians, psychiatrists, social workers, lawyers, public authorities, communications media, and the general public. Yet in spite of this widespread interest and concern, which is reflected in numerous studies and demonstration projects, conferences, seminars, articles and books, the underlying dynamics of physical child abuse are still insufficiently understood, and its real incidence and prevalence rates throughout the population and among various population segments are unknown (U.S. Children's Bureau, 1969).

The somewhat sensational concern with indi-

vidual cases of child abuse seems, at times, to have a quality of "scapegoating," for it enables the public to express self-righteous feelings of anger, disgust, resentment, and condemnation toward an individual abusing parent while the entire society is constantly guilty of massive acts of "societal abuse" of millions of children, about which relatively little is said, and even less has been done in recent decades.

One consequence of the extensive interest in child abuse seems to have been the now widely held assumption that its incidence was on the increase. This claim, however, can neither be substantiated nor refuted since no systematic data are available in the form of time series on incidence. One other consequence of the professional and public concern with child abuse was the swift passage throughout the United States of legislation requiring or urging physicians, hospitals and others to report child abuse incidents to appropriate local public authorities. This legislation had been initiated and promoted vigorously by the United States Children's Bureau in order to protect children who had been abused, and to prevent further abuse of these same children and of others in their families. However, since the dynamics of child abuse were not adequately understood at the time reporting legislation was enacted, no proven strategies and policies for prevention and treatment were incorporated into these laws, and their impact on incidence rates is consequently not expected to be significant (U. S. Children's Bureau, 1962; 1966).

The failure of clinical investigators and of various professional groups to unravel the com-

This article, originally published in the *Journal of Marriage and the Family*, 33 (November, 1971), 637-648, was provided by Dr. Gil as a summary of the remarks he gave at the Conference.

plex underlying dynamics of violence against children in American society seems due mainly to a significant, built-in bias of the social and behavioral sciences, and of the general system of beliefs of our society. This bias is the deeply rooted, yet untested, assumption that behavioral manifestations which are viewed by the majority of society as "deviant" are the result of personal characteristics, failings, problems, maladjustment, or dysfunction. Whatever label is used, the source of all deviance is conceived to be in the individual or his primary group, his family, rather than in characteristics of the society. This general conception of the dynamics of deviance seems to derive from a politically "conservative" premise, according to which American social structure is basically sound except, perhaps, for a few minor, necessary adjustments. Since the design and the findings of social and behavioral research tend to depend on the questions and hypotheses investigated, and since these questions and hypotheses in turn tend to be generated within the framework of the general assumptions of a scientific discipline and its societal context, it is not surprising that most investigations of child abuse in the United States were clinically oriented, and found this phenomenon to be the result of psychological disorders of the perpetrators or, at times, of the abused children themselves, and/or certain pathological aspects of family relationships. This interpretation of the causal context of child abuse is matched logically by intervention strategies aimed mainly at changing the disorders of individuals and the pathology of families, rather than aspects of the social context in which these "disordered" individuals and "pathological" families live.

The series of nationwide studies of physical child abuse discussed here tried to avoid the limitations inherent in the foregoing assumptions concerning the "individual as source" of behavioral deviance. The causal model guiding these investigations was that behavioral phenomena

perceived to be deviant tend to result from interaction effects of societal and individual forces rather than from one or the other of these sets of forces acting independently of each other. The corresponding intervention model or social policy perspective of these studies is that intervention at the societal level is likely to be more effective in terms of prevention than intervention at the individual level since intervention aimed at modifying the societal force field can be expected to have a more far-reaching impact on the causal context of deviance posited here. This intervention model does, of course, not preclude direct protection and treatment of individuals and family groups involved in incidents of child abuse or in other deviant phenomena.

STUDY DESIGN AND DEFINITION OF SUBJECT

The general causal model of deviance sketched here led to a comprehensive psychosocial-cultural conception of child abuse. To study this phenomenon from such a perspective required an epidemiologically oriented survey design involving systematic review of large numbers of child abuse incidents from all over the country rather than a clinically oriented design involving intensive analysis of small samples in specified settings and localities. Accordingly, the nationwide surveys gathered standardized information on every incident of child abuse reported through legal channels throughout the United States during 1967 and 1968, nearly 13,000 incidents. This broadly-based survey was supplemented by more comprehensive case studies of nearly 1400 incidents reported during 1967 in a representative sample of 39 cities and counties. Further data sources, especially concerning the cultural roots of child abuse, were interviews in October of 1965 with 1520 adults from across the country selected at random so as to be representative of the entire U. S. adult population, and a six months survey during 1965 of daily and periodical newspapers and magazines published throughout the United States.

Studies of child abuse were hampered in the past not only by a certain preconception of the causal context but also by the lack of an unambiguous definition of the phenomenon itself. Definitions were usually derived from observable consequences of violent acts against children rather than from the acts themselves and the underlying behavioral dynamics. However, consequences of abusive acts seem to be an inappropriate basis for developing a conceptually valid definition since such consequences are likely to be affected by chance factors as much as by the intentional behavior

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of perpetrators, and since their evaluation depends on subjective standards or judgments.

In an effort to minimize ambiguity in defining physical abuse of children, the following conceptual definition was developed. This definition is based only on the behavior of perpetrators, rather than on the variable consequences of such behavior.

"Physical abuse of children is intentional, non-accidental use of physical force, or intentional, non-accidental acts of omission, on the part of a parent or other caretaker in interaction with a child in his care, aimed at hurting, injuring, or destroying that child."

The foregoing definition seems sound conceptually, but is not completely satisfactory as an operational definition since it may not always be possible to differentiate between intentional and accidental behavior. Also, the presence of intentional elements in the behavior of perpetrators does not imply complete absence of chance elements. An added difficulty is the fact that behavior which appears to be accidental may be determined in part by "unconsciously intentional" elements. Thus, while the boundary between "pure" accidents and physical abuse can be drawn clearly on a conceptual level, it may, at times, be difficult to differentiate between them without examination of the motivations which underlie manifest behavior in given incidents.

Apart from the difficulty of ascertaining the presence of elements of intentionality, which, by definition, constitute a *sine qua non* of child abuse, the definition reduces ambiguity by including *all* use of physical force and *all* acts of omission aimed at hurting, injuring, or destroying a child, irrespective of the degree of seriousness of the act, the omission, and/or the outcome. Thus, the relativity of personal and community standards and judgments is avoided.

SELECTED FINDINGS FROM THE NATIONWIDE SURVEYS

The Scope of Child Abuse

During 1967 child abuse registries throughout the United States received 9,563 reports. The number of reports rose to 10,931 in 1968. Screening the reports against the conceptual definition of physical child abuse resulted in the elimination of over 37 percent of the 1967 cohort and of over 39 percent of the 1968 cohort, leaving 5,993 children for 1967 and 6,617 for 1968. The post-screening nationwide reporting rate per 100,000 children under age 18 was thus 8.4 in 1967 and 9.3 in 1968.

Analysis of reporting rates state by state suggests that the increase in reporting from

1967 to 1968 reflects primarily changes in legal, administrative, and professional services patterns. The net increase of 624 reports for the country as a whole resulted from an increase of 1,157 reports in 23 states and territories and a decrease of 533 reports in 28 states and territories. No changes in reporting levels were reported from two states. The group of states which reported increases had strengthened their procedures between the two years when compared with the group of states which reported decreases.

There were significant differences in reporting rates per 100,000 children under age 18 among the states ranging from 0.0 to 24.0 in 1967, and from 0.0 to 31.2 in 1968. Reporting rates within the states appeared to be associated with legal, administrative, and professional practices. The more effective these practices were the higher tended to be the reporting rates.

It may be of interest to compare the foregoing reporting levels with a rough estimate of actual incidence of physical abuse of children resulting in some degree of injury. On the basis of a nationwide survey of public knowledge, attitudes and opinions about physical child abuse, the maximum incidence during 1965 was estimated to have been between 2.53 to 4.07 million cases. The actual figure is likely to have been somewhat lower. It should be noted that this figure includes all kinds of injuries from minimal through serious to fatal. The figure would certainly be larger if incidents of abuse which did not result in injury were added.

It is easily seen that official reporting figures bear no relation whatsoever to actual incidence. However, since severity of injury is likely to be one important decision criterion in reporting, reported incidents as a group are likely to constitute the more severe segment of a spectrum of cases ranging from no injury to fatality.

One further comment on reporting patterns concerns reports from metropolitan and non-metropolitan areas. Reporting rates in SMSAs during 1967 and 1968 were markedly higher than in areas outside SMSAs. While less than 70 percent of the U.S. population live in SMSAs, approximately 80 percent of all reports originated in communities within SMSAs. This concentration of reports in metropolitan areas supports the view that administrative and professional factors are likely to be reflected in reporting patterns.

Characteristics of Legally Reported Abused Children

Slightly more than half the children reported as abused during 1967 and 1968 were boys. Boys outnumbered girls in every age group

under age 12, but were outnumbered by girls among teen-aged victims of child abuse. Shifts in the sex distribution during different ages seem to reflect culturally determined attitudes. Girls are viewed as more conforming than boys during childhood and physical force tends to be used less frequently in rearing them. However, during adolescence parental anxieties concerning dating behavior of girls lead to increasing restrictions, conflicts, and use of physical force in asserting parental control. With boys physical force tends to be used more readily prior to adolescence. However, during adolescence, as the physical strength of boys begins to match their parents' strength, the use of physical force in disciplining boys tends to diminish.

The age distribution of the reported children indicates that physical abuse is not limited to early childhood. Over 75 percent of the reported victims were over two years of age, and nearly half of them were over six years. Nearly one-fifth were teen-agers. Age distribution was similar for all ethnic groups.

Non-white children were over-represented in the study cohorts. Nationwide reporting rates per 100,000 white children were 6.7, and per 100,000 non-white children 21.0. This over-representation of non-white children seems due partly to reporting bias but mainly to the higher incidence of poverty and poverty related social and psychological deviance, and to the higher rate of fatherless homes and large families among non-white population segments, all of which were found to be strongly associated with child abuse. Finally, the possibility of real differences in child rearing practices among different ethnic groups cannot be ruled out as a contributing factor to observed differences in reporting rates. Such differences in the use of physical force in child rearing may reflect the violence inflicted upon many generations of non-white minorities in American society.

About 29 percent of the children revealed deviations in social interaction and general functioning during the year preceding the abusive incident, nearly 14 percent suffered from

deviations in physical functioning during the same time span, and nearly eight percent revealed deviations in intellectual functioning. Among the school-aged children over 13 percent attended special classes for retarded children or were in grades below their age level. Nearly three percent of the school-aged children had never attended school. Nearly 10 percent of children in the sample cohort had lived with foster families sometime during their lives prior to the incident, and over three percent had lived in child care or correctional institutions. Over five percent had appeared before Juvenile Courts on other than traffic offenses. Taken together, these items suggest a level of deviance in excess of the level of deviance of any group of children selected at random from the population at large.

Over 60 percent of the children had a history of prior abuse. It thus seems that physical abuse of children is more often than not an indication of a prevailing pattern of caretaker-child interaction in a given home rather than of an isolated incident. This impression is supported also by data on involvement in previous abuse by parents, siblings, and other perpetrators.

The Families of Abused Children

Nearly 30 percent of the abused children lived in female-headed households. The child's own father lived in the home in 46 percent of the cases, and a stepfather in nearly 20 percent. Over two percent of the children lived in foster homes, and 0.3 percent lived with adoptive parents. The child's own mother was not living in his home in over 12 percent. Ten percent of the mothers were single, nearly 20 percent were separated, divorced, deserted, or widowed, and over two-thirds were living with a spouse. The homes of non-white children were less frequently intact than those of white children. The data on family structure suggest an association between physical abuse of children and deviance from normative family structure, which seems especially strong for non-white children.

Income in \$	Percent of Sample Cohort				Percent of all U.S. Families ^a
	All families	White	Negro	Puerto Rican	
under 3,000	22.3	17.7	24.8	34.5	12.5
3,000 to 4,999	26.1	21.9	28.6	41.9	12.8
5,000 to 6,999	16.2	18.5	14.1	9.7	16.1
7,000 to 9,999	12.7	15.9	11.7	5.4	24.3
10,000 to 14,999	2.6	3.1	1.9	1.1	22.4
15,000 and over	0.4	0.9	0.2	0.0	12.0
unknown	19.8	22.2	18.6	7.5	0.0
	N=1380	N=536	N=630	N=93	N=49,834,000

^aConsumer Income, Bureau of the Census, Current Population Reports, Series P-60, No. 59, April 1969.

The age distribution of parents of abused children does not support observations according to which parents tend to be extremely young.

The proportion of families with four or more children was nearly twice as high among the families of the reported abused children than among all families with children under 18 in the U.S. population, and the proportion of small families was much larger in the U.S. population. The proportion of larger families among non-white families in the study was significantly higher than among white families.

Educational and occupational levels of parents were markedly lower than of the general population. Non-white parents ranked lower on these items than white ones. Nearly half the fathers of the abused children were not employed throughout the year, and about 12 percent were actually unemployed at the time of the abusive act. Unemployment rates were higher for non-white fathers. Table 1 shows the distribution of income for all sample families, for white, black and Puerto Rican families in the sample, and for all families in the United States.

Compared to all families in the United States, the income of families of abused children was very low and that of families of non-white abused children even lower. At the time of the abusive incident over 37 percent of the families were receiving public assistance. Altogether nearly 60 percent of the families had received public assistance at some time preceding the abusive incident.

Data concerning the personal history of the parents of the reported abused children suggested a level of deviance in areas of psychosocial functioning which exceeds deviance levels in the general population.

The Incidents and the Circumstances Surrounding Them

In nearly 50 percent of the incidents a mother or stepmother was the perpetrator and in about 40 percent a father. However, since about 30 percent of the homes were female-headed, the involvement rate of fathers was actually higher than that of mothers. Two-thirds of incidents in homes with fathers or stepfathers present were committed by fathers or stepfathers, while mothers or stepmothers were the perpetrators in less than half the incidents occurring in homes with mothers or stepmothers present. Over 70 percent of the children were abused by a biological parent, nearly 14 percent by a stepparent, less than one percent by an adoptive parent, two percent by a foster parent, about one percent by a sibling, four percent by other relatives, and nearly

seven percent by an unrelated caretaker. Fifty-one percent of the children were abused by a female perpetrator.

Perpetrators tended to have little education and a low socioeconomic status. About 61 percent of them were members of minority groups, 56.8 percent had shown deviations in social and behavioral functioning during the year preceding the abuse incident and about 12.3 percent had been physically ill during that year. Nearly 11 percent showed deviations in intellectual functioning, 7.1 percent had been in mental hospitals some time prior to the incident, 8.4 percent before Juvenile Courts, and 7.9 percent in foster care. Under 14 percent had a criminal record. About 11 percent had been victims of abuse during their childhood, and 52.5 percent had been perpetra-

TABLE 2. TYPES OF INJURIES SUSTAINED BY CHILDREN IN REPORTED ABUSE INCIDENTS

Injury	Percent of Children ^a
Bruises, Welts	67.1
Abrasions, Contusions, Lacerations	32.3
Wounds, Cuts, Punctures	7.9
Burns, Scalding	10.1
Bone Fractures (excluding skull)	10.4
Sprains, Dislocations	1.9
Skull Fractures	3.7
Subdural Hemorrhage or Hematoma	4.6
Brain Damage	1.5
Internal Injuries	3.3
Poisoning	0.9
Malnutrition (deliberately inflicted)	4.2
Freezing, Exposure	0.1
Other Injuries	5.4
No Apparent Injuries	3.2
Type Unknown	2.2

^aThe percentages in this table do not add up to 100 since many children sustained more than one injury.

tors of abuse prior to the current incident.

The types of injuries sustained by the children are shown in Table 2.

The foregoing tabulation of injuries is based on medical verification in 80.2 percent of the cases and the reliability of the diagnoses is therefore quite satisfactory. The injuries were considered to be "not serious" in 53.3 percent. They were rated "serious, no permanent damage expected" in 36.5 percent, "serious with permanent damage" in 4.6 percent, and fatal in 3.4 percent. It is noteworthy that 90 percent of the reported incidents were not expected to leave any lasting physical effects on the children, and that over half the incidents were not considered to be serious at all. Even if allowance is made for under-reporting, especially of fatal cases, one must question the view of many concerned professional and lay persons, according to which physical abuse of children constitutes a

major cause of death and maiming of children throughout the nation.

Analysis of the relationship between severity of injury and age reveals that injuries of children under age 3 were serious or fatal in 65 percent of the cases while injuries of children over age 3 were serious in 35 percent of the cases only.

Severity of injuries was also found to be related to ethnicity. The injuries of white children were judged not serious in 61.6 percent and serious or fatal in 35.2 percent. The injuries of Negro and Puerto Rican children were judged not serious in 47.3 percent and serious in 52.0 percent.

While severity of injury was thus associated with the age and the ethnic background of the victim, it was found not to be associated with the victim's sex. Severity of injury was about equal for boys and girls.

Several less pronounced associational trends were revealed concerning the severity of injuries sustained by abused children. Severe injuries were more likely to be inflicted by parents and other perpetrators under age 25 than by older ones, by women than by men and especially by single women. Parents who had appeared before Juvenile Courts and who experienced some form of foster care were more likely than other parents to inflict serious injury. Finally, injuries were more likely to be serious or fatal in families whose annual income was under \$3,500.

The extent of medical treatment is another crude indicator of the degree of severity of physical abuse sustained by children. The injuries of nearly 60 percent of the children did not seem to require hospitalization, and in nearly 25 percent no medical treatment seemed indicated at all. Of those requiring hospitalization, over 41.7 percent were discharged in less than one week. Hospitalization beyond one week was required by 21.3 percent of the children, and this group seems to represent the segment of severe injury of the child abuse spectrum.

Official Actions Following Abuse

While public and voluntary social welfare agencies were a third choice as an initial source for help following abusive incidents, they carried major responsibility in dealing with and caring for the abused children and their families later on. Social welfare agencies were involved to some extent in 86.9 percent of all cases. Courts were involved in 45.8 percent, the police in 53.1 percent, and District or County Attorneys in 19.1 percent.

Over 36 percent of the abused children were placed away from their families after the abuse

incidents. In 15.4 percent of the cases, not only the victims but also siblings living in the same homes were placed away from their families. Placement away from the child's home was more likely to be used when injuries were serious and when children had been abused before. Homemaker service was made available to 2.2 percent of the families, and counseling services were made available to 71.9 percent.

The suspected perpetrators were indicted in 17.3 percent of the incidents. They were convicted in 13.1 percent and jailed in 7.2 percent. Court action was more likely to be taken when children were seriously or fatally injured.

A TYPOLOGY OF CHILD ABUSE

Based on observations throughout the study, the conclusion was reached that physical abuse of children is not a uniform phenomenon with one set of causal factors, but a multi-dimensional phenomenon. In order to explore the many possible contributing causal contexts which may precipitate incidents of physical abuse of children, lists were prepared of circumstances which may or may not have been present in any given case. The items on the checklist were not designed to be mutually exclusive. Associations between two or more types were therefore expected in many incidents. Responses concerning the circumstances of abuse of 1,380 cases of a sample cohort suggest the following observations concerning types of physical child abuse:

One major type involves incidents developing out of disciplinary action taken by caretakers who respond in uncontrolled anger to real or perceived misconduct of a child. Nearly 63 percent of the cases were checked as "immediate or delayed response to specific act of child," and nearly 73 percent were checked as "inadequately controlled anger of perpetrator."

A second important type seems to involve incidents which derive from a general attitude of resentment and rejection on the part of the perpetrator towards a child. In these cases, not a specific act but the "whole person," or a specific quality of the person such as sex, looks, capacities, circumstances of birth, etc., are the object of rejection. In these cases, too, specific acts of the child may precipitate the acting out of the underlying attitude of rejection. The item "Resentment, rejection of child . . ." was checked in 34.1 percent of the cases. This type was associated with "Repeated abuse of same child by perpetrator," and also "Battered child syndrome" (Kempe, 1962).

A third type is defined by the item "Persistent behavioral atypicality of child, e.g., hyper-

activity, high annoyance potential, etc." Cases checked positively on this item may be considered as child-initiated or child-provoked abuse. This item was checked in 24.5 percent of the cases. This type was found to be associated with "Misconduct of child."

A fourth type is physical abuse of a child developing out of a quarrel between his caretakers. The child may come to the aid of one parent, or he may just happen to be in the midst of a fight between the parents. Sometimes the child may even be the object of the fight. The item reflecting this type was checked in 11.3 percent of the cases. It was associated with "Alcoholic intoxication of perpetrator."

A fifth type is physical abuse coinciding with a perpetrator's sexual attack on a child. This item was checked in 0.6 percent of the cases. It was found to be associated with the sixth type, "Sadistic gratification of the perpetrator."

The seventh type may be referred to as sadism sublimated to the level of child rearing ideology. The item was worded on the checklist: "Self-definition of perpetrator as stern, authoritative disciplinarian." It was checked in 31.0 percent of the cases, and was associated with the first type.

Type Number 8 was called "Marked mental and/or emotional deviation of perpetrator." It was checked in 46.1 percent of the cases and was associated with "Mounting stress on perpetrator."

Type Number 9 is the simultaneous occurrence of abuse and neglect. Contrary to observations of many investigators who consider abuse and neglect as mutually exclusive phenomena, this type was checked in 33.7 percent of the cases. It was associated with type Number 2, "Resentment, rejection..."

"The battered child syndrome" (Kempe, 1962) constitutes type Number 10. This item was checked in 13.6 percent of the cases.

"Alcoholic intoxication of the perpetrator at the time of the abusive act" constitutes type Number 11. It was checked as present in 12.9 percent of the cases and was associated with "Caretaker quarrel," and "Mother temporarily absent—perpetrator male."

A very important type is Number 12, "Mounting stress on perpetrator due to life circumstances." It was checked as present in 59.0 percent of the cases and was associated with "Mental, emotional deviation of perpetrator."

Type Number 13 is an important "typical constellation" which frequently tends to precipitate physical abuse of a child: The mother or substitute are temporarily absent from the home, working or shopping, or for some other reason, and the child is left in the care of a

boyfriend or some other male caretaker. This type was the context for the abuse in 17.2 percent of the cases and seems to deserve special attention in preventive efforts. It was found to be associated with "Physical and sexual abuse coincide," "Sadistic gratification of perpetrator," and "Alcoholic intoxication."

The last type, Number 14, is similar to type Number 13, but quantitatively much less important as a typical context for child abuse. It is the temporary absence of the mother or substitute during which the child is cared for and abused by a female baby-sitter. This item was checked in 2.7 percent of the cases.

The foregoing typology is quite crude. However, it may be of interest to note that this typology seems to have successfully covered most of the circumstances of abuse observed by social workers who completed the checklists. This is reflected in the fact that a residual item—"other circumstances"—was checked only in 2.7 percent of the cases.

Data underlying the foregoing empirically derived typology were subjected to a factor analysis. The final results of this analysis, shown in Table 3, suggest that the typology can be reduced to the following underlying seven factors of legally reported physical child abuse:

1. Psychological Rejection
2. Angry and Uncontrolled Disciplinary Response
3. Male Babysitter Abuse
4. Personality Deviance and Reality Stress
5. Child Originated Abuse
6. Female Babysitter Abuse
7. Caretaker Quarrel

In a certain sense, the seven factors of the spectrum of legally reported physical abuse of children summarize the findings of the nationwide surveys by reducing them into a concentrated paradigm which reflects the underlying structure of the phenomenon. A more comprehensive conceptual summation of these findings, and a set of recommendations derived from them, are presented below.

A CONCEPTUAL MODEL OF PHYSICAL CHILD ABUSE

a. Culturally Sanctioned Use of Physical Force in Child Rearing

One important conclusion of the nationwide surveys was that physical abuse of children as defined here is not a rare and unusual occurrence in our society, and that by itself it should therefore not be considered as sufficient evidence of "deviance" of the perpetrator, the child, or the family. Physical abuse appears to

TABLE 3. FACTOR ANALYSIS OF CIRCUMSTANCES OF CHILD ABUSE ROTATED FACTOR LOADINGS (ORTHOGONAL VARIMAX, ROTATION BY VARIABLE)

Type of Circumstances	Factors							Communality
	1	2	3	4	5	6	7	
1. Perpetrator response to child's act	-.069	.739*	-.100	-.032	.253	.013	.208	.670
2. Misconduct of child	-.266	.235	.051	-.122	.714*	-.074	.128	.676
3. Inadequately controlled anger	-.050	.805*	-.170	.115	-.009	-.119	-.129	.724
4. Resentment, rejection of child	.620*	.003	-.092	.192	-.083	-.022	-.060	.440
5. Repeated abuse of same child	.729*	.200	.084	.059	.039	-.135	.058	.605
6. Persistent behavioral atypicality	.071	.069	-.007	.053	.797*	-.048	.044	.652
7. Physical abuse and sexual attack coincide	.022	-.235	.673*	-.060	.165	.074	-.143	.565
8. Abuse resulting from caretaker quarrel	-.004	-.068	.057	-.020	-.078	-.048	-.880*	.791
9. Battered child syndrome	.675*	-.148	.051	-.110	-.029	-.015	.027	.494
10. Abuse and neglect coincide	.431+	-.328	.068	.340	.026	.050	-.001	.417
11. Mental, emotional deviation of perpetrator	.306	.019	.188	.675*	-.256	.025	-.004	.651
12. Sadistic gratification of perpetrator	.445+	.017	.546*	.135	-.110	.251	-.080	.595
13. Alcoholic intoxication of perpetrator	-.036	.039	.493*	.148	-.103	.022	-.499*	.529
14. Perpetrator stern disciplinarian	.212	.522*	.369	-.178	.167	.098	.042	.525
15. Mounting stress on perpetrator	-.031	.003	-.121	.813*	.124	-.062	-.040	.697
16. Mother absent; perpetrator male	-.274	.031	.554*	-.087	-.389	-.365	.267	.746
17. Mother absent; perpetrator female	-.143	-.052	.108	-.051	-.105	.899*	.059	.861
Sums of Squares	2.075	1.762	1.566	1.403	1.547	1.071	1.214	10.638

*high loadings

+moderately high loadings

be endemic in American society since our cultural norms of child rearing do not preclude the use of a certain measure of physical force toward children by adults caring for them. Rather, such use tends to be encouraged in subtle, and at times not so subtle, ways by "professional experts" in child rearing, education, and medicine; by the press, radio and television; and by professional and popular publications. Furthermore, children are not infrequently subjected to physical abuse in the public domain in such settings as schools, child care facilities, foster homes, correctional and other children's institutions, and even in juvenile courts.

Strong support for considering child abuse as endemic in American society was provided by the public opinion survey, which revealed that nearly 60 percent of adult Americans thought that "almost anybody could at some time injure a child in his care." That survey also indicated that several millions of children may be subjected every year to a wide range of physical abuse, though only several thousands suffer serious physical injury and a few hundred die as a consequence of abusive attacks. Against the background of public sanction of the use of violence against children, and the endemic scope of the prevalence of such cases, it should surprise no one that extreme incidents will occur from time to time in the course of "normal" child rearing practices.

It should be noted that in most incidents of child abuse the caretakers involved are "normal" individuals exercising their prerogative of disciplining a child whose behavior they find in need of correction. While some of these adults

may often go farther than they intended because of anger and temporary loss of self-control, and/or because of chance events, their behavior does, nevertheless, not exceed the normative range of disciplining children as defined by the existing culture. Moreover, their acts are usually not in conflict with any law since parents, as well as teachers and other child care personnel, are in many American jurisdictions permitted to use a "reasonable" amount of corporal punishment. For children are not protected by law against bodily attack in the same way as are adults and, consequently, do not enjoy "equal protection under the law" as guaranteed by the XIVth Amendment to the U.S. Constitution.

While, then culturally sanctioned and patterned use of physical force in child rearing seems to constitute the basic causal dimension of all violence against children in American society, it does not explain many specific aspects of this phenomenon, especially its differential incidence rates among different population segments. Several additional causal dimensions need therefore be considered in interpreting the complex dynamics of physical child abuse.

b. Difference in Child Rearing Patterns Among Social Strata and Ethnic Groups

Different social and economic strata of society, and different ethnic and nationality groups tend to differ for various environmental and cultural reasons in their child rearing philosophies and practices, and consequently in the extent to which they approve of corporal punishment of children. These variations in

child rearing styles among social and economic strata and ethnic groups constitute a second set of causal dimensions of child abuse, and are reflected in significant variations in incidence rates among these strata and groups. Thus, for instance, incidence rates tend to be negatively correlated with education and income. Also, certain ethnic groups reveal characteristic incidence patterns. Some American Indian tribes will never use physical force in disciplining their children while the incidence rates of child abuse are relatively high among American blacks and Puerto Ricans.

Lest the higher incidence rates among black and Puerto Rican minority groups be misinterpreted, it should be remembered that as a result of centuries of discrimination, non-white ethnic minority status tends to be associated in American society with low educational achievement and low income. The incidence rates of child abuse among these minority groups are likely to reflect this fact, as much as their specific cultural patterns. Furthermore, exposure of these minority groups to various forms of external societal violence to which they could not respond in kind, is likely to have contributed over time to an increase in the level of frustration-generated violence directed against their own members. Relatively high rates of homicide among members of these minority groups seem to support this interpretation.

Higher reporting rates of physical child abuse, and especially of more serious incidents, among the poor and among non-white minority groups may reflect biased reporting procedures. It may be true that the poor and non-whites are more likely to be reported than middle class and white population groups for anything they do or fail to do. At the same time there may also be considerable under-reporting of reportable transgressions not only among middle class and white population groups but also among the poor and the non-white minorities. The net effect of reporting bias and of overall and specific under-reporting with respect to child abuse can, at this time, not be estimated.

It should not be overlooked, however, that life in poverty and in minority group ghettos tends to generate many stressful experiences which are likely to become precipitating factors of child abuse by weakening a caretaker's psychological mechanisms of self-control and contributing, thus, to the uninhibited discharge of his aggressive and destructive impulses toward physically powerless children. The poor and members of ethnic minority groups seem to be subject to many of the conditions and forces which may lead to abusive behavior toward chil-

dren in other groups of the population and, in addition to this, they seem to be subject to the special environmental stresses and strains associated with socioeconomic deprivation and discrimination. This would suggest that the significantly higher reporting rates for poor and non-white segments of the population reflect a real underlying higher incidence rate among these groups.

It should also be noted that the poor and non-whites tend to have more children per family unit and less living space. They also tend to have fewer alternatives than other population groups for avoiding or dealing with aggressive impulses toward their children. The poor tend to discharge aggressive impulses more directly as they seem less inhibited in expressing feelings through action. These tendencies are apparently learned through lower class and ghetto socialization, which tends to differ in this respect from middle class socialization and mores.

Middle class parents, apparently as a result of exposure to modern psychological theories of child rearing, tend to engage more than lower class parents in verbal interaction with their children, and to use psychological approaches in disciplining them. It may be noted, parenthetically, that verbal and psychological interaction with children may at times be as violent and abusive in its effects, or even more so, than the use of physical force in disciplining them. Life in middle class families tends to generate tensions and pressures characteristic of the dominant individualistic and competitive value orientations of American society, and these pressures may also precipitate violence against children. However, middle class families are spared the more devastating daily tensions and pressures of life in poverty. They also tend to have fewer children, more living space, and more options to relax, at times, without their children. All this would suggest a lower real incidence rate of physical child abuse among middle class families.

Deviance and Pathology in Bio-Psycho-Social Functioning of Individuals and Families

A further set of causal dimensions of violence against children involves a broad range of deviance in biological, psychological, and social functioning of caretakers, children in their care, and of entire family units. This is the causal context which had been identified and stressed by most clinical investigators of child abuse. It is important to note that this dimension of child abuse is by no means independent of the basic cultural dimension discussed above. The choice of symptoms through which intra-psychic conflicts are ex-

pressed by members of a society tends to be influenced by the culture of that society. Symptoms of personality deviance involve often exaggerated levels of culturally sanctioned trends. It would thus seem that violent acts against children would less likely be symptoms of personality disorders in a society which did not sanction the use of physical force in rearing its young.

The presence of this third dimension of child abuse was reflected in findings from our surveys, which revealed relatively high rates of deviance in bio-psycho-social circumstances and functioning of children and adults involved in many reported incidents. Often manifestations of such deviance had been observed during the year preceding an incident. Deviance in functioning of individuals was also matched by high rates of deviance in family structure reflected in a high proportion of female-headed households, and of households from which the biological fathers of the abused children were absent.

Environmental Chance Events

A final, but not insignificant causal dimension of child abuse is environmental chance events which may transform "acceptable" disciplinary measures into serious and "unacceptable" outcomes. It is thus obvious that physical abuse of children, like so many other social problems, is a multidimensional phenomenon rather than a uni-dimensional one with a single set of causal factors. This multidimensional conception of child abuse and its dynamics suggests a corresponding multidimensional approach to the prevention or reduction of the incidence rate of this destructive phenomenon.

IMPLICATIONS FOR SOCIAL POLICY

Violence against children constitutes a severe infringement of their rights as members of society. Since distribution of rights in a society is a key aspect of its social policies, modifications of these policies are necessary if the rights of children to physical safety are to be assured (Gil, 1970). For social policies to be effective they must be based on a causal theory concerning the etiology of the condition which is to be corrected or prevented. Accordingly, social policies aimed at protecting the rights of children to bodily safety should be designed around the causal dimensions of child abuse presented in the conceptual model of this phenomenon.

Since cultural sanctions of the use of physical force in child rearing constitute the common core of all physical abuse of children in American society, efforts aimed at gradually changing this aspect of the prevailing child

rearing philosophy, and developing clear-cut cultural prohibitions and legal sanctions against such use of physical force, are likely to produce over time the strongest possible reduction of the incidence and prevalence of physical abuse of children.

Suggesting to forego the use of physical force in rearing children does not mean that inherently non-social traits of children need not be modified in the course of socialization. It merely means that non-violent, constructive, educational measures would have to replace physical force. It needs to be recognized that giving up the use of physical force against children may not be easy for adults who were subjected to physical force and violence in their own childhood and who have integrated the existing value system of American society. Moreover, children can sometimes be very irritating and provocative in their behavior and may strain the tolerance of adults to the limit. Yet, in spite of these realities, which must be acknowledged and faced openly, society needs to work toward the gradual reduction, and eventual complete elimination, of the use of physical force against children if it intends to protect their basic right of security from physical attack.

As a first, concrete step toward developing eventually comprehensive legal sanctions against the use of physical force in rearing children, the Congress and legislatures of the states could outlaw corporal punishment in schools, juvenile courts, correctional institutions and other child care facilities. Such legislation would assure children the same constitutional protection against physical attack outside their homes as the law provides for adult members of society. Moreover, such legislation is likely to affect child rearing attitudes and practices in American homes, for it would symbolize society's growing rejection of violence against children.

To avoid misinterpretations it should be noted here that rejecting corporal punishment does not imply favoring unlimited permissiveness in rearing children. To grow up successfully, children require a sense of security which is inherent in non-arbitrary structures and limits. Understanding adults can establish such structures and limits through love, patience, firmness, consistency, and rational authority. Corporal punishment seems devoid of constructive educational value since it cannot provide that sense of security and nonarbitrary authority. Rarely, if ever, is corporal punishment administered for the benefit of an attacked child, for usually it serves the immediate needs of the attacking adult who is seeking relief from his uncontrollable anger and stress.

The multiple links between poverty and racial discrimination and physical abuse of children suggest that one essential route toward reducing the incidence and prevalence of child abuse is the elimination of poverty and of structural social inequalities. This objective could be approached through the establishment of a guaranteed decent annual income for all, at least at the level of the Bureau of Labor Statistics "low" standard of living. No doubt this is only a partial answer to the complex issue of preventing violence toward children, but perhaps a very important part of the total answer, and certainly that part without which other preventive efforts may be utterly futile. Eliminating poverty by equalizing opportunities and rights, and by opening up access for all to all levels of the social status system, also happens to be that part of the answer for which this nation possesses the necessary know-how and resources, provided we were willing to introduce changes in our priorities of resource development, and to redistribute national wealth more equitably.

Deviance and pathology in biological, psychological, and social functioning of individuals and of family units were identified as a third set of forces which contribute to the incidence and prevalence of physical abuse of children. These conditions tend to be strongly associated with poverty and racial discrimination, and, therefore, eliminating poverty and discrimination are likely to reduce, though by no means to eliminate, the incidence and prevalence of these various dysfunctional phenomena. The following measures, aimed at the secondary and tertiary prevention and amelioration of these conditions and their consequences, and at the strengthening of individual and family functioning, should be available in every community as components of a comprehensive program for reducing the incidence of physical abuse of children, and also for helping individuals and families once abuse has occurred:

a. Comprehensive family planning programs including the repeal of all legislation concerning medical abortions: The availability of family planning resources and medical abortions are likely to reduce the number of unwanted and rejected children, who are known to be frequently victims of severe physical abuse and even infanticide. It is important to recall in this context that families with many children, and female-headed households, are overrepresented among families involved in physical abuse of children.

b. Family life education and counseling programs for adolescents and adults in

preparation for, and after marriage: Such programs should be developed in accordance with the assumption that there is much to learn about married life and parenthood which one does not know merely on the basis of sexual and chronological maturity.

c. A comprehensive, high quality, neighborhood based, national health service, financed through general tax revenue, and geared not only to the treatment of acute and chronic illness, but also the promotion and maintenance of maximum feasible physical and mental health for everyone.

d. A range of high quality, neighborhood based social services geared to the reduction of environmental stresses on family life and especially on mothers who carry major responsibility for the child rearing function. Any measure which would reduce these stresses would also indirectly reduce the incidence rate of child abuse. Homemaker and housekeeping services, mothers' helpers and baby-sitting services, family and group day-care facilities for pre-school and school age children are all examples of such services. It should be recognized, however, that unless a decent income is assured to all families, these social services are unlikely to achieve their objectives.

e. Every community needs also a system of social services and child care facilities geared to assisting families and children who cannot live together because of severe relationship and/or reality problems. Physically abused children belong frequently to this category.

The measures proposed herewith are aimed at different causal dimensions of violence against children. The first set would attack the culturally determined core of the phenomenon; the second set would attack and eliminate major conditions to which child abuse is linked in many ways; the third set approaches the causes of child abuse indirectly. It would be futile to argue the relative merits of these approaches as all three are important. The basic question seems to be, not which measure to select for combating child abuse, but whether American society is indeed committed to assuring equal rights to all its children, and to eradicate child abuse in any form, abuse perpetrated by individual caretakers, as well as abuse perpetrated collectively, by society. Our affluent society certainly seems to possess the resources and the skills to eradicate the massive forms of abuse committed by society collectively as well as the physical violence perpetrated by individuals and societal institutions against children in their care.

Community Protective Services

Vincent De Francis

Child Protective Services, a program dedicated to service on behalf of neglected and abused children, is based on a number of basic convictions. These principles form the bedrock upon which protection of children is founded. Briefly let me enumerate the four most basic.

Children must be protected. Children are the most defenseless creatures on the face of the earth, and they must have protection. The protective responsibility, the obligation, the duty to provide protection for children is a primary responsibility of parents: this is part of the familial role.

When parents, for whatever reason, fail in carrying out that obligation, the responsibility for protecting children shifts to government, state government. The state, in turn, delegates its responsibility to Child Protective Services, the special program empowered by law to intervene and offer services geared to stabilizing the family and maintaining it intact.

Child neglect or child abuse is rarely willful. Parents do not deliberately set out to neglect or abuse their children. Neglect and abuse are byproducts of parental incapacities, parental inabilities, and parental failures--conditions for which they need help.

That need brings me to the fourth conviction. Most people can be helped to change their behavior. Most parents can be helped to become better parents if we make available to them skilled services, planned and well equipped to effect changes in their behavior. We believe we can make good homes out of bad homes and responsible parents out of what may seem to be less than responsible people through protective service intervention.

With these basic convictions, let us examine what is involved when we talk about child neglect and abuse. "What is neglect?"/"What is abuse?" in nontechnical terms. Child neglect or child abuse consists of one or more of these elements:

- (1) it is a violation of children's rights through failure to meet their needs; their right to have their needs met is in some way violated;
- (2) it results from dereliction of parental duty, i.e., a parent's failure to carry out parental obligations;
- (3) it results from a combination of these two.

Neglect or abuse can be an act of omission or of commission on the part of the parent. All neglect and abuse fall into one or the other of these categories. However, a wide variety of conditions are encompassed in these categories.

I have singled out eight types of neglect and abuse.

- (1) Children are physically neglected. Their needs in terms of food, shelter, and clothing are neglected.
- (2) Children are morally neglected when they are subjected to influences which have corrupted or which pose a present danger of corrupting the child.
- (3) Children are emotionally neglected when their mental health is affected by lack of the nurturing necessary for the development of a sound personality.
- (4) Children are medically neglected when their need for diagnosis or treatment of a medical condition is ignored by their parents.
- (5) Children are educationally neglected when a parent fails to provide the child with the education required by state law.
- (6) Children are physically abused when they are on the receiving end of acts of aggression.
- (7) Children are sexually abused.
- (8) Children are victims of community neglect, through acts of omission or commission.

My purpose here is to discuss the categories of physical abuse and sexual abuse. There are no current national statistics on the incidence of either of these two occurrences because we have not yet learned how to gather the data. The last study on the national incidence of child abuse was conducted in 1967 by Brandeis University. Under a grant from HEW, the research project amassed data from each of the state's central registries to determine the total national incidence of child abuse. I am going to use only the statistical aspects of the study here.

In 1967 approximately 12,000 cases of suspected physical abuse of children were reported throughout the country. After these cases were screened, the total confirmed child-abuse cases was approximately 6,500 for the 50 states. Whenever one child is physically abused it is a serious problem, but when as many as 6,500 children are identified as confirmed abuse cases in one year, we have a problem of national dimensions.

While this is a large problem, it is not the largest problem relating to children. In the same period the American Humane Association conducted a three-year study of sexual abuse of children in the city of New York; the middle year was 1967. This study, too, was conducted under a grant from the Department of Health, Education and Welfare. Some startling and hitherto unknown facts about sexual abuse of children were revealed. There were 3,000 confirmed cases of sexual abuse in each of the three years in New York City alone. Contrast the findings of the two studies. In the same year, 1967, the Brandeis study found the incidence of confirmed cases of child abuse to be 6,500 cases for the 50 states; our study found the incidence of sexual abuse to be more than 3,000 cases in just one city. Which is the larger problem?

I raise the question because in recent years major community investment has been devoted almost entirely to the problem of the battered child. I am not minimizing this very real problem. But we are investing far more in that area of concern than in other areas of equal, if not greater concern for children. While there are no accurate national statistics on sexual abuse, it would seem a logical assumption that if there are 3,000 cases of sexual abuse in New York City alone, the national total would be between 50,000 and 100,000.

And again, while there are no national statistics with respect to my other six categories of neglect, I think we would be conservative in saying that a half-million children in the nation each year are neglected or abused in one or more ways. A half-million children, victims of various kinds of neglect and abuse each year! Of that number, probably not more than 25,000, or perhaps 50,000 at most, are physically battered children.

The why of neglect is a question we must examine if we are to deal more effectively with the problem. Why are children neglected? Why are they abused? I mentioned earlier that child neglect and child abuse are rarely the willful acts of parents. They are the consequences, the byproducts, and the end results of failure on the parents' part to live up to their responsibilities. Many of these parents lack the capacity to cope with the realities of life. They are handicapped, or incapacitated in many ways. Let me catalogue some patterns we have noted in parents in child-protective-service caseloads--caseloads that are concerned with all types of neglect and abuse.

Many of the parents are emotionally immature. Some may be very young parents, but most are emotionally immature. Chronologically they may be adults, but in emotional makeup they remain at an arrested adolescent stage. They react as adolescents: they are impulsive; they act out; they have a low frustration tolerance. When the problems besetting them are more than they can bear, they strike out. And when striking out, they often strike out against their children. They seek to gratify their emotional needs rather than satisfying the needs of their children. Neglect and abuse are almost inevitable consequences.

The parents may possess only borderline intelligence. They are able to navigate and hold a modest job, but the routine of handling the myriad details of modern family life, the capacity to manage a household, is beyond the ability of these parents.

Another category of abusing parents involves those who are living in marital discord and friction. In such cases children are caught in the crossfire between the parents, and emotional needs of the children are often neglected. When there is serious marital conflict, the parents tend to want the children to take sides, and children are torn in

their parental loyalties. Sometimes children get in the way of physical violence between the parents and are themselves abused.

Some parents have financial problems. I am not speaking solely of families on public assistance. Many families have enough income but mismanage it: it is not applied in ways that provide a proper setting for children. These parents misuse what may be very adequate income. Neglect and abuse result from friction over the misuse of money, as well as inadequacy of income.

Still another pattern stems from the emotionally disturbed parent--a mentally ill adult whose disturbance might range from neurosis to psychosis. Much of what we have identified as neglect and abuse of children results at the hands of just such parents. Some of their emotional problems are displayed by other, more readily identifiable characteristics, e.g., the alcoholic parent, the parent who uses narcotics, or the parent with a character disorder.

The list of characteristics identified with families in the protective service caseload is not complete without citing one other factor. Some parents relive the family style they knew as children. While the phenomenon cannot be said to be a major cause of child abuse, it is well documented that some abusing parents were themselves abused children. Also some parents who were brought up in a home lacking proper household management repeat the family style and subject their children to gross physical neglect. Thus, in some instances, neglect and abuse may result from the repetition of a family pattern from generation to generation. These parents never learned to do better toward children, and in that context, their behavior stems from a handicapping condition.

Observing all that happens to children at the hands of their parents, a cynic was moved to say that parents are the only people who should not have children. While this is clearly an absurd statement, there is a frightening reality in the feeling behind it. George Bernard Shaw once said, "Parenting is an important profession, but no test of fitness is ever imposed in the interests of children." We do not examine, or qualify, or certify, people for good parenting before permitting them to become parents. Maybe we should! We seem to be licensing almost everything else. This might be one way to achieve an acceptable level of population. I

am being facetious. But we must recognize that the mere biological act of having a child does not endow the parents with all the capacity, understanding, ability, or know-how to provide adequate care for and training of children.

Abusing parents desperately need help! These are people who need to have available skilled services that will help them become better able to meet parental responsibilities. How may we accomplish this? Well, all the conditions described as characteristics--immaturity, marital discord, financial need, emotional disturbance--are treatable. They can be treated if the community makes available the necessary social services. This is a big if, one that cannot be readily resolved. Recent legislation on child abuse has lulled most communities into complacency. All 50 states now have laws requiring that suspected cases of child abuse be reported by medical personnel or other persons coming in contact with injured children. Many people equate passage of the law with full treatment of the problem: they think, therefore, that nothing more need be done.

But reporting legislation does not cure the problem. This legislation is designed solely to identify the child who needs help because of neglect or abuse: reporting laws are only case-finding tools. To implement the case-finding, we must strengthen the child protective program so that it may take full responsibility for treating and protecting all identified children. This service must follow up reports of neglect and abuse.

I would like to discuss for a moment the reporting law itself and some understandings we must develop about it. The law requires that certain target groups--principally medical personnel and other professionals including nurses, teachers, and social workers--report to a community authority their suspicions of abuse when they learn of an injured child. It is too little understood that these reports are rarely more than the expression of suspicion of abuse, even when the reporter is a doctor. From the purely medical evidence, no doctor can make an absolute diagnosis of child abuse, a fact that explains why the language in the reporting law requires reporting when the doctor, or other person "has reason to suspect" that the child is abused. Child abuse is not like other medical conditions that a doctor is bound to report. Doctors are required to report infectious diseases and gunshot wounds. Diagnosis of the infectious condition

(e.g., a venereal disease or diphtheria) can be and is confirmed by laboratory techniques. The same is true for the gunshot wound where the injury and etiology are inescapably interwoven. The diagnosis is buttressed by positive objective findings.

But what about child abuse? At best we have a child with broken bones. The classical battered-child syndrome presents x-rays that disclose a series of broken bones in various stages of healing, an indication that the injuries occurred at different times. In essence, the syndrome documents a case of repeated bone injuries. The x-rays do not show how this happened: they do not carry the fingerprints of the person who inflicted the injuries. The doctor can only theorize that "So many injuries could not have happened accidentally; therefore, I must suspect abuse." He is expressing an opinion and is not making an absolute diagnosis.

The difficulty in making an accurate diagnosis comes up when some of these cases are brought to court, particularly if the case is brought into the criminal courts where the prosecutor must establish beyond a reasonable doubt not only that the condition from which the child is suffering resulted from abuse but also that a specific person was responsible for the injuries. Medical diagnosis can never support that. The doctor's suspicions can and should be handled by the child protective services rather than the legal authorities.

The child protective program, by legislative and functional mandate, has responsibility

- (1) to intervene on behalf of all children reported to be neglected or abused;
- (2) to investigate the circumstances to determine whether or not there was actual neglect or abuse;
- (3) to assess the nature and extent of damage suffered by the child as a result of neglect or abuse;
- (4) to evaluate the risk and hazard to the child should he remain in the home;
- (5) to provide the necessary social services for ameliorating the home conditions so as to reduce the neglect; and
- (6) to take such other action as may be necessary to protect the child.

This last responsibility may mean judicial action to remove the child temporarily from a dangerous home situation. Placi

him in a safe setting would permit helping the parents change their behavior without running the risk of further neglect or abuse of the child. Service to change parental behavior may frequently require involving other community resources to help meet the parents' special needs. This would be a supplement to the counseling offered by the child protective worker.

It is through this procedure, with this approach, that neglected and abused children may be truly and adequately protected. What we do not need is additional legislation to put teeth into the law. We need implementation of services. We need money, we need staff, and we need training for personnel in child protective services so that the job can be done more skillfully. Many of our nation's child protective programs are token services. They lack the special skills, focus, and necessary convictions about how to deal with neglecting and abusing parents. There is a great need for fuller development of specialized child protection. A national survey of Child Protective Services in 1967-1968, revealed very good programs in a number of states but also found some very poor programs. The principal finding was that "no state and no community has a completely adequate child protective service program." While the good programs identified did an excellent job with most of the cases they handled, they lacked the facilities to do the total job. They lacked sufficient resources to do an adequate job for every child reported. Here is where the emphasis must be placed. We must strengthen the potential for service. We need to put teeth into implementation, not into rules and regulations to punish people. We need staffing and funds so that the total need can be met.

Our study of sexual abuse pointed up generalizations that startled us, and I suspect, shock most people. The stereotype of the sexual offender against children is a pervert who lurks in a schoolyard to lure a child into an automobile. In fact, the usual offender in sexual abuse of children is not a stranger. In 75 percent of the cases, the offender was a member of the child's own household, a relative not living in the household, a friend of the family, a neighbor, or a person with whom the child came into frequent contact. In 27 percent of the cases the offender lived in the child's own household, and in 11 percent the offender was a close relative not living in the household. So in almost 40 percent of the cases, the offender was closely

related to the child. In the father-daughter incest cases, we found that if there was more than one female child in the home, the incest usually went down the line. We found cases in which three, four, or five daughters had been sexually abused by the father. And I do not mean stepfathers or foster fathers. The principal offender was the natural father. Almost always, the mother knew what was going on and did nothing about it. Sometimes we were convinced that the mother not only knew about it but had pushed the child into the relationship, perhaps her crude, pathetic attempt at birth control.

These are truly pathological situations. What can we do about them? What are we doing to help the child victims? We found that two-thirds of these children had emotional problems. Once a case of sexual abuse was discovered, the community's action magnified the emotional distress of the child. Because sexual abuse is immediately identified as a crime, it is reported to law enforcement authorities. Normal police investigation of a crime begins by questioning witnesses, and the child victim is usually the only witness. The child has to tell the story many times so that the police may be sure of the facts. I do not mean to denigrate police work. Investigation is their job. This is part of their responsibility, and they are living up to it. But the necessary work of the police subjects the child to a painful experience when she must relate, in minute detail, each sordid detail of the event. Each retelling of the story prompts the child to relive the experience.

If an arrest follows, the prosecuting attorney questions the child too because she is his major witness and he wants to know how his witness will testify. And when the case comes to trial, after the usual delays that are an expected part of the defense strategy, the child may have had to appear in court numerous times. In some of the research cases, children were in court five, six, seven times--in one case, a dozen times--before the case was finally tried. Each court appearance is an anxiety-producing experience and has traumatic impact on the child. Finally, when the trial is reached, the child testifies in open court because the adult on trial is entitled to a public trial. Even when a sensitive judge excludes the general public, he cannot exclude the jury because the adult offender is entitled to a jury trial. The child has to testify before at least a jury and is subjected to cross-examination by defense counsel whose total effort is designed to break down the prosecuting witness' story.

Imagine the trauma to a child subjected to this whole experience! What do we do to protect these children? In New York City there are three protective service agencies that accept responsibility for these cases and provide protection for these children. I have not found an ongoing service on behalf of the sexually abused child anywhere else in the country. Nowhere else are these children being helped to live through this ordeal with a minimum of damage. Is it any wonder that two-thirds of the children studied were emotionally disturbed as a consequence. We need to redefine our approach and responsibility in these cases. Should we not be more concerned about the victim of sexual abuse?

I am deeply troubled by the fact that most communities have too little awareness and understanding about the enormous dimensions of the problem of sexual abuse. Even more disturbing is the fact that the pursuit of sanctions against those who sexually abuse children compounds the emotional impact on the child victims. There is no protection for child victims when the criminal law is invoked against offenders, for the criminal law gives no thought to the victim. Its focus is on the accused. The emphasis must be reversed so that primary attention is given to the child victim. We must provide protection and treatment! We must embrace responsibility for service to the sexually abused child within the framework of child protective services.

We need appropriate and positive social action now to truly and effectively protect all neglected and abused children.

Children in Danger: Recognition, Prevention, and Treatment

A Panel Discussion by Catherine A. Taylor
Lois A. Pounds / Christine De Saix

Catherine A. Taylor

In the following three papers we will take a look together at detection of child abuse. I would like to look not only at means of detection, once child abuse has occurred, but also at detection of the very source of child abuse. "Does violence breed violence?" A group at Children's Hospital in Washington asked that question and in a recent article presented evidence of three generations of families of abused children to support the conclusion that the abused child has the potential of becoming a violent member of society.¹ Studies of adult prisoners convicted of first-degree murder indicate a high incidence of brutal treatment in childhood. Sirhan Sirhan, convicted assassin of Robert F. Kennedy, was reportedly beaten and burned with an iron as a child by his father. If this cycle of violence from one generation to the next could be interrupted, we could significantly decrease the incidence of child abuse in the future.

Can we find the potential child abuser before he abuses his child? The task is not easy. Child abusers may be rich or poor, black or white, with high or low intelligence, and may be found among the full spectrum of educational and professional groups. They may have a fairly stable marriage, on the surface. In fact, the marriage is usually held together by overwhelming dependency needs. The parents fall

into many psychiatric diagnostic categories. Although a few parents may be psychotic, most are not. Many have personality disorders including sociopathic personality disturbances. Others have emotional disorders including depression, anxiety, hysteria, or obsessive compulsive neurosis.

The abusing parent often relates an early childhood history filled with intense, continuous demands combined with constant criticism and frequent physical abuse from his own parents. The child in this environment fails to develop self-confidence or a healthy self-esteem. The child's feelings of basic trust in other individuals begin to be established in his first year of life with a trusting relationship with his mother. This is an ongoing process that later extends to the outside world and eventually to the next generation through his role as a parent. Parents of abused and neglected children often have missed out on this most important cornerstone of personality--the acquisition of basic trust.

When these parents face anger or accusations from a social worker or doctor treating their child, they may become defensive, evasive, and frightened. We can begin to establish a trusting relationship if instead we talk to them in an honest, nonpunitive, straightforward way. Instead of making angry accusations or prematurely reporting a case that is not in fact child abuse or neglect, we should make every effort to establish rapport. An honest explanation should be given to the parents regarding any report of injury suspected to have happened by other than accidental means. An unanticipated visit from the child protective worker may destroy any chance of establishing a trusting relationship. If, while listening to explanations of what happened to the child, we show interest in the family situation, we may eventually get a history of the parents' own family backgrounds. In a way, child abuse is a family affair. Frequently both parents have had traumatic backgrounds. While one parent attacks the child, the other parent may be contributing to the abuse. If we limit treatment to the parent abusing the child and do not treat the family as a whole, the other parent may later become the abuser.

Although the details of abuse frequently remain obscure--parents may not remember exactly what happened during a violent outburst--parents occasionally reveal what happened to

their child. In a study at the University of Colorado, Steele and Pollock describe parents who have had a strange feeling that they have hit themselves.² Momentarily they have identified with their own punitive parent. The baby is seen as the parent's bad childhood self. In some cases the mother may expect her newborn infant to give her all the love and attention she craved as a child. She may expect far more in the way of assuming responsibility or in control of behavior than the child is able to accomplish at such a young age. When her child proves unable to assume the mothering role, the mother may feel unloved and unwanted again. But now she projects her feelings of anger and hate onto her child in a violent attack.

What is the child's role in child abuse? Some families physically abuse or neglect only one child in the family. Why this one? The baby's sex may leave the mother angry and rejecting due to some previous experience. The child who is one too many in an already overcrowded, impoverished family may overtax the mother's ability to cope. The baby may have been conceived out of wedlock or may symbolize the mother's entrapment in an unhappy marriage. The baby may arrive too soon after the death of a sibling, and the depressed mother is unable to invest her mothering abilities in the new arrival.

Prematurity, a birth injury, or a congenital malformation may alter the mother's perception of the newborn and leave her angry and disappointed. A three-year follow-up study of abused and neglected children at the University of Rochester, assessing intellectual, emotional, social, and motor development, disclosed that 70 percent of the 25 children studied were judged to be outside the normal range.³ However, often mental retardation or motor hyperactivity was thought to have preceded the abuse. In addition, the children frequently were seen by their parents as different from their siblings and were described as sickly, bad, spoiled, or problem children. The temperament of a child may make him a misfit with his parents. Some parents can deal better with the quiet, easy-going child. Other parents are unable to cope with this type of child but find the active, on-the-go child rewarding. Some parents may have functioned adequately until a particular stage of the child's development brings to the surface the childhood conflicts of the parents. The parent's ability to cope may temporarily break down, and without intervention and counseling, the

situation can lead to long-standing conflicts with the child and possible abuse.

Some observers have noted the frequency of a particularly irritating cry in the abused child. Although this at times may be attributed to injuries, some of these babies may be more fussy and have an annoying cry that can precipitate a loss of the mother's ability to control frustration and rage. Battering may occur in periods of family tension, sleeplessness, and irritable crying. The father may contribute by saying to the tired, harassed mother, "Why don't you do something about that crying?" With inadequate infant stimulation, the child's development may lag behind; yet the baby may not be as cuddly as the mother desires. As the child turns more to himself for comfort and spends time rocking and head banging, the mother feels disappointed and frustrated. She spends less time with her unrewarding child, and the vicious cycle goes on. Also, the child may equate love and attention with being hurt and put himself in situations to be physically abused. Perhaps this phenomenon accounts for the occasional reports of abuse by foster parents of a child removed from his own abusing parents.

Now the important question: What can we do to detect, treat, and prevent child abuse and neglect? Detecting and preventing child abuse and neglect extends beyond the protective services worker and the department of social services. We have responsibilities in educating students in various disciplines to watch for the mother in distress and the child at risk. Students of early childhood education--tomorrow's teachers--should be made aware of their role in child-abuse prevention and the detection of the child in jeopardy. The medical student and pediatric house officer can gain a greater awareness of the impact of prematurity, of congenital defects, and of illegitimacy on the new mother. A greater emphasis can be placed on getting to know the new mother, her background, her hopes and fears, and the expectations she has for her infant. Besides extending routine well-baby care, the clinic staff can focus on the ongoing problems of the mother-child relationship. As the mother is guided in what to expect in play and developmental milestones, early cues can be picked up of unrealistic parental expectations for the baby and of any anger or disappointment in the child. The obstetrician can look for evidence of postpartum depression on the mother's return visit. He can also share with the pediatrician any circumstances such as an unwanted preg-

nancy or difficult delivery that might cause the mother to harm or neglect her child. Besides observing the physical evidences of abuse, the pediatric ward staff must be alert to any extremely frightened or profoundly apathetic child who is admitted. The relationship of the child and his parents should be closely observed during hospitalization. The abused child may be quite active and at times difficult to manage on the pediatric ward. He may be unable to control his rage and have temper tantrums when his demands are not met and then become subdued and poker-faced if discharged with his parents.

The public health nurse and students preparing for this profession can be made more aware of their important role in detecting and preventing abuse. In addition to looking for poor skin hygiene, soft tissue injuries, and malnutrition with failure to thrive, the nurse can observe the home environment and ask about feeding problems, colic, night-waking, and the emotional state of the mother. She can gain some insight into the mother's views on child-rearing and her expectations of the child. She can ask how the mother manages the first evidences of her child's temper. She can find out the mother's views on punishment and discipline. She can also find out, to some extent, about the husband-wife relationship and relationships with the extended family. The Rochester study mentioned earlier reported that families of abused children found the nurses' visits more helpful than those of the protective services worker. In spite of all her supportive and helpful efforts, the caseworker may always be viewed as accusing and prying. The nurse was more often looked to for guidance with social and emotional problems, as well as for routine medical supervision and education.

Homemaker service can help the at-risk immature mother struggling in a chaotic household. The homemaker can be a model for the mother at the same time she is teaching sound principles of child-rearing and helping to bring order and stability into a poorly organized family.

Another invaluable tool that should be developed is a good licensed day care center. The observations of the staff can help detect the child who is already abused or in jeopardy, and day care centers can be even more important in preventing child abuse. If the depressed, harassed mother can be freed of overwhelming responsibility during the day and is able to find outlets that improve her low self-esteem,

she may be able to be an adequate mother in some respects. An even greater influence can be made on future prevention of child abuse. With good peer relationships and ongoing mothering support from the day care staff, the child may be able to avoid the family's cycle of violence breeding violence.

Studies with young monkeys have indicated ability to overcome much maternal deprivation when the primates have good peer relationships.⁴ Another study described 42 abused children who have attended a child care center.⁵ While the children had not yet indicated a significant awareness of their peers, they were very perceptive of their surrounding environment in the center. The children also gradually developed better ability to control their aggressive impulses. An outstanding feature, noted frequently in the boys, was outbursts of unpredictable, unpremeditated, seemingly purposeless violent behavior. Violence was apparently used to obtain recognition and attention from an adult. Increasingly, the children sought this attention through words and gestures. At times the child's improvement seemed dependent on forming a relationship with a single child caseworker in the center. By providing day care facilities for the vulnerable child while assisting the parents in their role as parents, the abused child may mature into a helpful rather than abusing parent.

Although the Colorado study reported some success and was rather optimistic about psychotherapy, it recognized the difficulties in involving these parents in treatment and the tremendous demands that working with a small group of parents make on the time of the treatment team. I feel a psychiatric diagnostic evaluation of the suspected abusing parent should be encouraged. Follow-up therapy may be dependent upon the motivation as well as the accessibility of psychiatric facilities. A warm, supporting relationship with a social worker who in the beginning helps parents with the many concrete needs in their disordered life may be more acceptable and rewarding for many of these parents than traditional psychotherapy. We are often faced with referrals from 200 or 300 miles away with limited local mental health facilities and an overworked local department of social services available. Despite the difficulties, we must not give up in trying to help the parents in a supportive way. Even though a child is removed, the other children in the home or children conceived later may also be abused. Temporarily

or permanently removing a child from the home may be necessary and the correct decision, but it does not eliminate the problem of child abuse. As these parents receive mothering and have someone listen to them, they may then be able to mother and listen to rather than attack their own children.

We need to focus on parents as well as children in detecting and preventing child abuse. Our prime target needs to be educating future treatment teams to be more successful in preventing child abuse in the at-risk families and providing facilities that will enable the child to trust people, feel loved, and grow up to be an adequate, nonabusing parent. Investment in such a program of detection and treatment would be far less than the cost of lifelong institutionalization for mental retardation, irreversible brain damage, or severe emotional disturbances caused by physical and emotional abuse during childhood.

Notes

1. L.B. Silver, C.C. Dublin, and R.S. Lourie, "Does Violence Breed Violence? Contributions from a Study of the Child Abuse Syndrome," American Journal of Psychiatry 126 (Sept. 1969), 3.
2. B.F. Steele and C.B. Pollock, "A Psychiatric Study of Parents Who Abuse Infants and Small Children," in R.E. Helfer and C.H. Kempe, eds., The Battered Child (Chicago: University of Chicago Press, 1968).
3. C.W. Morse, O.J. Sahler, and S.F. Friedman, "A Three Year Follow-up Study of Abused and Neglected Children," American Journal of Disturbed Children 120 (Nov. 1970).
4. H.F. Harlow and M.K. Harlow, "The Effect of Rearing Conditions on Behavior," Bulletin of the Menninger Clinic, 26 (Sept. 1962), 5.
5. R. Galston, "Violence Begins at Home: The Parents' Center Project For the Study and Prevention of Child Abuse," Journal of the American Academy of Child Psychiatry, 10 (April 1971), 2.

Lois A. Pounds

Recognizing child abuse and neglect requires awareness on the part of all persons who work with children and infants. In medicine, pediatricians and radiologists are the most attuned to signs of child abuse, but we must remind our colleagues in general surgery, orthopedics, neurosurgery and general practice that there are infants at risk who are likely to come to light first in a setting where pediatricians and pediatric radiologists are not available. We must be aware of clues in a family that may signal susceptibility to child abuse. Here, for example, is an infant in a setting conducive to abuse.

A young mother was delivered of fraternal twins, a boy and a girl, after a 36-week pregnancy; each child weighed approximately three pounds. The girl did rather well and began to gain weight after a week and was discharged after three and a half weeks in the intensive-care nursery. The boy developed hyaline membrane disease, required a respirator for two days and then slowly began to gain weight. After a brief setback from infection during the week his sister was discharged, he was finally discharged at five weeks of age. The parents lived too far away to visit the babies often and once the first twin had gone home, they never visited. A month after the boy's discharge, the pediatric intern in the emergency room saw an infant in a fresh cast lying on a stretcher in the hall. He asked the orthopedic resident who the baby was and what had happened. He learned that this baby was the boy whom he himself had cared for in the nursery and that the baby's leg was broken. Together the doctors agreed that falling from a changing table was unlikely to have caused the fracture. Further x-rays showed healing rib fractures and a fresh linear skull fracture, and close inspection of the baby's head showed a bruise in the shape of a hand print on the scalp. When the multiplicity of injuries was pointed out to the mother, she accused the father

of the injuries. The case was reported, and the child admitted to the hospital. The twin sister was examined and found to be longer, weigh more, and have no evidence of injury.

Not only did this boy represent a medical high risk at birth, but his survival from prematurity increased the risk of child abuse. He came into the family at five weeks of age, virtually a stranger, weighing far less than a five-week-old full-term infant, immature in his responses, demanding on his parent's time and energy, and not a very satisfying baby for parents with high expectations. His very presence seemed to his parents a demonstration of their failure as parents.

Premature babies are separated from the mother at birth, put in a plastic box surrounded by elaborate otherworldly equipment, not allowed to be held. They require care by experts. Some parents feel that their infant as well as the medical and nursing staff have rejected them. They fail to develop the attachment that is so necessary to effective child-rearing. The pediatrician, nurse, and social worker must recognize the urgency of getting the mother and father involved with their premature child before it is too late. In this case, the family became attached to the girl and not to their son. Whether the father felt he could make this infant perform better and fit his fantasy about what his son ought to be, I leave to those who better understand the psychodynamics of child abuse.

Other at-risk infants include the following:

- (1) The baby born to a mother who does not know what an infant can be expected to do. The immature mother who herself needs affection, may be angry because he does not meet her needs and strikes out at him.
- (2) The infant or child who is unwanted, unexpected, or badly timed. That is, a mother who attempted criminal abortion or says that she never wanted the baby or disliked the father is clearly a dangerous caretaker. She has already identified her baby as a threat and needs support if she is to be able to care for him.
- (3) The infant born into the unrooted family--military families, young members of companies being transferred who have no extended family support, community involvement, or closeness to neighbors. These parents may look to the infant to satisfy their needs; if he fails, he may be injured.

- (4) The infant who is seen as defective--specifically the premature, the malformed child, the one with a birthmark, the one who looks like an unpleasant relative or is perceived as bad from the start--may be in danger. These infants are seen to be accusing the parents.
- (5) The infant who is one too many for a mother who has managed fairly well with the older children. This infant may be abused, or given the right circumstances, simply neglected and deprived of maternal attention.
- (6) The infant born into obvious danger from a frankly psychotic, alcoholic, or drug-addicted parent.

We must learn to recognize these high-risk situations and hopefully in the future be wise enough to prevent the abuse before it occurs.

All infants occasionally have accidents, so how can we tell if this injury was accidental or inflicted? Since Dr. Kempe described the battered-child syndrome, we have learned that certain injuries cannot occur other than by abuse. So a long-bone fracture in an infant under nine months of age or rib fractures or injuries to growth centers seldom happen except from abusive acts--snapping the infant by one extremity, squeezing his chest, throwing him, twisting an extremity, or vigorously shaking him. As the child acquires mobility, self-inflicted injuries obviously can be more severe. We must decide whether the parent's description of how the injury occurred is reasonable in the light of the damage to the baby. We must look for other signs--failure to grow, external bruises, burns, lacerations, etc. The use of a growth chart by everyone who sees infants will almost always alert us to a lack of mothering. It is well known that normal growth requires nurturing love as well as protein and calories. The child who does not grow in the face of a reasonable diet and no obvious disease is telling us that he is deprived of a caretaker who loves him.

Another case example demonstrates what happens if reporting and subsequent investigation are never done:

A nine-month-old girl was brought via helicopter from a military base in a coma. The neurosurgeons determined that she had a massive subdural hematoma and that most of the left side of her brain was destroyed. After investigation, it was found that she had had a subdural hematoma at

three months of age in another state, successfully treated. This was said to be caused by falling from the crib. She was then followed in the pediatric clinic and it was noted that from time to time she had other minor injuries--a growth center injury in her wrist at five months, many unexplained bruises, and at seven months a linear skull fracture. At this point, the family was transferred to this state with the note that this was probably a battered child. She continued to be followed, now labeled as a high-risk infant, but no further investigation or protection was provided, and when the last injury occurred--again a "fall from her crib"--the damage was permanent. She will live a vegetable existence. Reporting and investigation were swift and complete, but six months too late for this baby.

There are times when reporting is difficult--the general practitioner who is the family physician and perhaps knew the parents from childhood, the military physician just out of internship and unfamiliar with either military or civil procedures, the neurosurgeon who has little time to sit down with parents who are often highly defensive. These are realities. But we must urge these medical people to be aware of the possibility of child abuse and the availability of medical centers, social agencies, and child advocates who will report, investigate and provide protection for the child.

We must not forget that child protection law includes neglect--child abuse is a fraction of the problem, and neglect constitutes most of our dereliction toward children. Child abuse is a serious, life-threatening dramatic problem; but if it is recognized and reported and appropriately managed, it has a far better prognosis than the soul-depriving insidiousness of neglect. How does this syndrome present itself? Once more, one of the first clues is failure to grow, documented by a record of weight and height, if possible. The infant shows signs of never being out of a crib or box--flattening of the back of the head; unclean skin, particularly the diaper area; uncared-for clothing; frequent illnesses, from infection to malnutrition. These infants and children are seldom immunized; what medical care they get is usually an occasional emergency room visit. If the mother comes for a well-baby visit, she pays little attention to what is done to the baby. In contrast to the interested mother who hovers around and is upset if the doctor or nurse makes the

baby cry, the neglecting mother stares into her lap through the examination and instructions. She may be so bound up in her own needs that she is angry if suggestions are made that she do more for her child. The children of neglect or deprivation are apathetically withdrawn, usually nonverbal or using only few words. They seem intent on disappearing. A depriving mother may have less trouble with the early infancy period and then gradually ignore the infant when he should be developing language and motor skills. This mother is not abusive, she does not have that much interest. Injuries to the neglected child are usually self-inflicted because he is not protected or guarded--burns from stoves, cuts and bruises from falls, all unattended to and usually occurring in the mother's absence. This is likely to be a family syndrome--the mother neglects all the children--and the young children may be watched over or even brought to the doctor by an eight- or ten-year-old sibling. We label these children retarded by age three or four when their potential may have been good.

It is fascinating to see what happens to neglected and deprived children in a hospital. Normal children who have loving care at home do not tolerate the separation from mother that comes with hospitalization. They fail to gain weight and tend not to thrive until they are back in their family. Institutional care with nurses changing every shift and the impossibility of providing a consistent mothering person is known to be a poor situation for rearing babies or children. But after a few days in this less than ideal situation, the social responses of a maternally deprived child improve--he develops a radarlike gaze, tracking the people in his environment, clinging to those who hold him; within a week he begins to gain weight, to grow and develop some social skills. The child will improve even without the administration of drugs, blood tests, x-rays, or any treatment other than a second-rate sort of mothering, which is better than any he has known. There are hundreds of neglected children in our state. We should recognize the differences in their family setting from that of most abused children.

We need to improve our ability to recognize all these children in danger and to educate others to recognize them. When we know the extent of the problem, we can stimulate society to direct money and personnel toward solutions.

Christine De Saix

Neglect, abuse, and exploitation of children have traditionally been viewed as one problem. We have not developed a definition of any of the three, nor have we come up with a clear understanding of differing causes and treatments of each. But the different personality dynamics of parents and children that recent studies have revealed show that child neglect and child abuse are distinct conditions and should be separated. I want to discuss some of the differences we have found and to suggest some criteria for determining the existence of child neglect.¹

The behaviors of neglect and abuse do not necessarily go together. A very small percentage of the parents who neglect their children also abuse them.² Irving Kaufman maintains that "the abusing parents show a special kind of unhealthy interaction with the child--that is, the child has a special pathological meaning to the parents, or the parents use the child to act out their conflicts."³ By far the greater number of neglected children live in poverty, although being poor is by no means synonymous with being neglectful. We know families that meet the physical and emotional needs of their children surprisingly well in spite of the lack of money, while some families with adequate incomes fail to give their children enough to grow on. In affluent homes the ravages of neglect are often stayed by another adult--perhaps the other parent, a competent maid, or a concerned relative. No one seems to be willing to intervene on behalf of the abused child until he is so severely hurt that he comes to the attention of medical professionals or protective agencies.

Child abuse arouses common responses in all of us--we are repelled and angry. It is newsworthy, even front-page material. We surge with sympathy for the child, we get involved with the drama, and we expect the offender to be punished. The professional and the average citizen alike can identify with the suffering child.

Not so with neglect. Many of us might have bypassed this conference if it had been concerned with neglect only. Without minimizing the tragedy of abuse and the importance

of rescuing children in danger, we must recognize that many more children suffer neglect, silently, day by day, in their own homes, where they are being reared by their own parents. The available statistics are undoubtedly incomplete. For the full year period, July, 1969, through June, 1970, in North Carolina, there were 195 abused children reported and 2,258 neglected children reported. In the half year following the 1971 legislation making reporting of abuse and neglect mandatory in the state and protecting the reporter, the figures doubled--401 children were reported abused and 2,340 neglected. The figures suggest that our reporting is improving, but I would guess that the bulk of abuse and neglect still is unreported officially. There are six times as many neglected children reported as abused children. If all the insidious child care conditions we believe to be questionable or marginal are added, the problem of neglect becomes astronomical. It is the monstrous size of the problem of neglect that overburdens the social agencies' caseloads, foster homes, and child care institutions. The Child Welfare League of America reports that neglect is the single most important problem of children served by private and public agencies. Neglect plays a role in most of the decisions to place children outside of their own homes.

The fact of neglect is determined in the eyes of the beholder. He bases his judgment on his own experience, the mores of the culture in which he was reared, and his expectations for the family group of the neglected. A child may be living under dreadful conditions, but if he is black, or if his family has lived this way for generations, the child's plight may be passed off with a shrug or the remark "they are just that way," or "they are no worse off than anyone else in this part of town." There is no established, consistent code for determining neglect. The courts do not have a comprehensive definition. Only about 10 percent of reported neglect cases ever get to court, and courts make decisions case by case based on testimony from lay and professional witnesses, whose interpretations are subject to human errors and prejudice. Common law rather than statutory law governs the decisions in most child neglect cases. Judges and many social workers have preferred to be lenient in adjudicating neglect and sometimes recommend mercy.

Most states have specific guidelines that protective service workers and the courts must follow in investigating charges of neglect. In general, these guidelines embrace the

criteria laid down by the Children's Division of the American Humane Association, paraphrased here by Dr. Polansky:

The statutes of all states specify a concern for the provision of physical necessities such as food, clothing, shelter, medical care, and sometimes sanitation and cleanliness.

They are usually concerned with parental supervision of the child. This means attentiveness to his physical safety, as well as control of his whereabouts and activities which might constitute a threat or annoyance to the community.

They frequently mention protection of the child against exposure to illegal and immoral adult activities, such as criminal behavior, prostitution, gambling, use of alcohol, or narcotics addiction.

Nearly all states require school attendance for children between specified ages.

Most states prohibit exploitation of the child in such activities as public begging, exhibiting physical oddities for reward, or entertaining audiences for pay except under certain safeguards.

Child labor is prohibited in all states, hours of employment and types of work are regulated for youngsters of specified ages. However, responsibility for compliance is typically placed on the employer rather than the parent.

Concern with emotional or psychological neglect is implied, but the laws in only two states, Idaho and Minnesota, explicitly recognize emotional neglect. Physical neglect is more easily determined and willingly reported. Medical examinations can show anemia; reports that small children have been left unattended can be documented. But too often emotional neglect is not recognized or acknowledged until it is reflected in the antisocial or criminal behavior of an older child, because the public, judges, and many social workers do not know how to assess the emotional environment of a child.

In our studies in Appalachia we learned that the kind of physical care a child receives goes hand in hand with the level of his emotional development. In other words, if a child does not have shoes to wear, nourishing food to eat, or an adequate place to sleep, he is also likely not to have

crayons, a book to read, praise for accomplishment, or encouragement to go to school. Our findings suggest that if caseworkers assess the physical care a child receives, the quality of which is relatively easily observed, they will have an indicator of the cognitive-emotional care being provided.

Good child care is made up of many actions: so is child neglect. It is not what the child does or does not do, but what adults in his life are doing or not doing for him. In an effort to measure what a child gets or does not receive in his life, we developed what we called the Childhood Level of Living Scale, a value-free yardstick, largely descriptive rather than inferential.⁴

A major element in measuring adequacy of child care is the age of the child. Neglectful care for a two-year-old may foster dependency in a ten-year-old. The Childhood Level of Living Scale (CLL) was geared to the needs of children of about five years of age. The original 316 items were suggested by a survey of caseworkers and public health nurses in rural and urban North Carolina and Georgia. A number of persons attending this conference participated in this survey. Some of the items did not apply to the homes we studied or were ambiguous. For example, in our study of 65 homes, only one did not have electricity, and so we discarded the lack of electricity in the home as an item in the CLL. The final scale is composed of 136 items, the first group measuring the physical care a child receives, and the second assessing what he receives intellectually and psychologically.

Our study using the CLL scale showed that physical care is definitely related to emotional/cognitive care. It is not enough that children be loved--their physical needs must be met. Someone once commented that a man could not be criticized for being poor and ignorant; so long as he was living no better than his children, he was not neglectful. Granted, we cannot prove a parent's acts of neglect are willful. A true assessment may show that the child is only bearing a part of the parents' own sad lot in life. But if we are to break the generation-to-generation pattern of deprivation, we must offer the child more than his share of the low family estate.

What difference does neglect make to the child?⁵ In our research on 65 five-year-olds and their mothers, we found that the child who had the higher Childhood Level of Living score

was more intelligent. This may seem self-evident since more intelligent children are born to more intelligent mothers who give better care. But even when the mother's intelligence was not a variable, the better cared for child was brighter. All of the children, and all but ten of the mothers, met with the psychologist for psychological evaluation. The results indicate that the child's intelligence is definitely related to the adequacy of physical care and intellectual-emotional nurture he receives.

Second, is the care the child receives related to his personality traits? To assess the behavioral tendencies of these same children, we used the Child Behavior Characteristics Scale devised by Fanshel and Borgatta. The results indicated that the poorer the over-all care of the child, the more likely he is to manifest social withdrawal, lethargy, underactivity, lack of cheerfulness and friendliness, and an infantile clinging in fear of being left alone. We did not find any significant relationship between adequacy of child care and hostility or defiance. Inadequate care at age five leads a child to turn away rather than turning against others in spite and anger.

How does the neglected child feel about his family? Each child was asked seven questions such as "Whom would you go to if you were hungry"; "Whom would you tell if you were sick"; "Who makes you the happiest?"; and so forth. Two points were given if he named a parent, one point if he named another relative. No credit was given if he mentioned persons outside the family. The over-all adequacy of care given the child was significantly related to his sense of attachment to his family. The poorer the care, the weaker the attachment. This lack of attachment also affected behavior. The less the attachment to the family, the more the child withdrew from involvements with others and his environment.

When Dr. Polansky first started his research, he intended to study children who had been removed from their own homes. He soon turned his attention to the more germane problem of their parents. The caseworkers he consulted, who were facing problems of placement each day, challenged him to help them work with the parents, especially the mothers who, in the mountain culture as in many American cultures, set the pattern for family living. The women who generated the most concern on the part of caseworkers were described as apathetic

and filled with hopelessness. His studies were thus named the Apathy-Futility Syndrome of Child Neglect.

The research focused on the personalities of mothers who neglect their children. The influence of fathers in the lives of children was not overlooked, but the quality of child rearing normally depends upon the mother. We also anticipated that the fathers would be less available or more resistant to the study. Actually, we found most of the fathers to be quite interested, and some of them even encouraged their wives to participate in the study.

One of the erroneous assumptions of judges, caseworkers, and the general public is that all the mothers involved in neglect or marginal child care are alike. We have always treated them as one group, and when we fail to reach them, we get discouraged. The problem looms so large that we in social work become immobilized. We either do nothing or repeat the same techniques over and over with no success.

In the course of our studies, we read records of 99 departments of social services. We found that the type of treatment and care given the mother was at times not appropriate for her problem. In some cases, women who were obviously retarded were expected to care for their children, keep appointments, and handle their meager money as if they were of normal intelligence. The records of both a woman deserted by her husband, faced with four children under five to feed, and an unmarried mother, shamefully scorned in court by the man she alleged to be her baby's father, suggest that the mothers may have been suffering from reactive depressions, which were not recognized by the caseworker. Women with long histories of schizoid withdrawal were approached as if they could suddenly become active organized persons.

The five types of maternal personalities we found most prevalent in situations of neglect were the mother with the apathy-futility syndrome; the impulse-ridden mother; the retarded or borderline retarded mother; the mother in a reactive depression; the psychotic mother. The one generalization we can make for all of these psychological types is that they reflect infantile personalities. The women are childlike: they are lonely, they form clinging dependent relationships, they demand immediate gratification of wishes, they are selfish, they are prone to all-or-none thinking, and they are generally unable to handle adult responsibilities. The

husband or other man in the home is not likely to help the situation. Infantile women seem to marry men who are similar and cannot alleviate the plight of the children.

Although they are similar in their childishness, these neglectful mothers are quite different in their response to treatment. We need to distinguish psychological types and set priorities based on expectations of positive progress for each. As caseworkers in social agencies you have probably labeled the job of helping all the mothers who neglect as impossible. But if you can find those women who might respond to the kind of treatment you can offer, improvement may come. For instance, the impulse-ridden mother is a much better candidate for a casework relationship, homemaker service, and even employment than is the apathetic-futile mother. The borderline retardate mother may have some ability to learn rudiments of good child care but may never be able to respond to psychotherapy. The mother in reactive depression, whose child neglect is frequently secondary to self-neglect, might respond well to an opportunity to ventilate pent-up grief and hostility and to gentle direction out of her withdrawal. The sickness of a psychotic mother must be recognized by her social worker so that she can be helped to find appropriate treatment. We cannot treat all the neglectful mothers who come to our attention. We certainly cannot treat all of them alike. But we can identify their individual personalities, assess their individual potential for help, and offer selective casework. What happens to the children depends upon our assessment of the neglectful situation and the personality of the adults involved.

Notes

1. My remarks are based upon a group of studies conducted by Dr. Norman A. Polansky and research associates on child neglect in Appalachia. The study was supported under a grant from the Children's Bureau, Department of Health, Education, and Welfare to the School of Social Work at the University of Georgia, Athens.
2. Leontine Young, Wednesday's Children: A Study of Child Neglect and Abuse (New York: McGraw-Hill Book Co., 1964).
3. Irving Kaufman, "Psychodynamics of Protective Casework," Ego Oriented Casework: Problems and Perspectives, ed. Howard J. Parad and Roger R. Miller (New York: Family Service Association of America, 1963).
4. Norman A. Polansky, Christine De Saix, and Shlomo Sharkin, Child Neglect: Understanding and Reaching the Parent--A Guide for Child Welfare Workers (New York: The Child Welfare League of America, in press).
5. Borgman, Polansky, De Saix, and Smith, "Does the Child Mind a Low Standard of Living?," (Paper delivered at the Georgia Conference on Social Welfare, Feb., 1969).

Community Child Protection In North Carolina

E. C. Modlin

The provision in our North Carolina laws for reporting child neglect and abuse cases to the county director of social services has proved to be far-sighted. The needs of the children involved come first, and their families should have the benefit of preventive or protective services before any court action is instituted. This system of reporting, designed to prevent further breakdown of the family unit, has allowed us to move beyond the concept of punishing the parent.

A good community child protection program must be firmly based and structured in law. Most of you are familiar with the first child-abuse reporting law enacted by the 1965 General Assembly. The 1971 reporting law makes child protection a broader community responsibility. First of all, reporting of suspected child abuse or neglect is mandatory for all professional persons: the term "professional person" includes physician, surgeon, dentist, osteopath, optometrist, chiropractor, podiatrist, physician-resident, intern, registered or practical nurse, hospital administrator, Christian Science practitioner, medical examiner, coroner, social worker, law enforcement officer, or school teacher, principal, school attendance counselor, or other professional person in a public school. The 1971 law continues to grant immunity to professionals who make these reports. Secondly, any person havin

knowledge of child abuse has a legal duty to report such abuse to the county director of social services. Immunity is extended to any person making a child abuse report unless he has acted with malice or without reasonable cause.

Any physician or administrator of a hospital or clinic may retain temporary physical custody of an abused child where the examining physician certifies in writing that the child should remain for medical reasons, or that in his opinion it may be unsafe for the child to return to his home. The child's parent or caretaker, and the director of social services in the county where the child resides, must be notified of this action. If the parents contest it and ask for a hearing, a hospital, clinic, or other medical facility may retain temporary physical custody of the child or request placement through the county director of social services until the court renders a decision.

The director of social services has additional responsibility under the new law. After investigating complaints of neglect or abuse and taking the appropriate action, he must make a written report to the district solicitor on all child abuse referrals including his own findings. The law also requires the director to submit all reports of alleged child neglect and abuse to the Central Registry of the State Department of Social Services. The registry is used to gather data for study of neglect and abuse within the state and to identify repeated abuses of the same child or children in a family. The data is confidential, subject to the policies of the State Board of Social Services, but reports may not be used at any later hearing or court proceeding against the same person unless based upon a final judgment of a court of law.

The director may also use a law enforcement agency to assist in investigation and evaluation of the seriousness of abuse or neglect. Rules of evidence have been changed in the new legislation. Neither the physician-patient nor the husband-wife privilege shall be grounds for excluding evidence of child abuse or neglect. The new law defines child abuse as a misdemeanor, punishable upon conviction by a fine or imprisonment of up to two years; this is in addition to the traditional offenses of assault on a minor child or contributing to the neglect of a child.

The director of social services, or his representative,

must investigate all neglect and abuse referrals and take appropriate action within the law. Investigations made only in obvious cases would leave many children unprotected. We have heard rather conclusive evidence of the emotional damage suffered by children who are physically neglected or are living with cold, indifferent parents. We have barely begun to work with emotional abuse, but we have an important responsibility to provide greater protection in this area.

The agency approach to protective services will incorporate most of the services of the department of social services at some point. Adoptions, foster care, counseling services to families and children, family planning, psychological services, homemaker services, day care, crisis intervention, and juvenile probation services may all be utilized in working with families of abused children. In addition the development of over-all protective services will influence the allocation of monies for these services. A recent study in this state confirmed that the majority of cases reported did not have to go to court when appropriate and competent protective services were offered. This finding strengthens our belief that most parents want to be good parents and can improve with appropriate help. We can hope that in the future less funding will be required for such services as juvenile probation or foster homes as our protective services expand.

When parents cannot respond to available services, however, the agency has a responsibility to take the case to court with the appropriate social information to aid the court in adjudicating the alleged offense. The court experience may help a parent face the reality or consequences of his actions and bring about immediate outward control of behavior that may take months in therapy to internalize.

The basic thrust of the 1971 reporting law is to provide protective services rather than punishment to abusing or neglecting parents. Our communities must demand appropriate resources and personnel to provide protective services. Child abuse is a problem of the entire community. We must have cooperation among all the existing agencies including medical clinics, hospitals, health departments, schools, law enforcement agencies, and all private social agencies. Roles need to be clearly defined. Agencies that work together on a day-to-day basis must come to an understanding about how emergencies will be handled, particularly those occurring outside the working

day. For example, early recognition of child abuse by the department of social services must be supported by willingness from the juvenile court to act responsively in emergency situations.

The courts have been willing to grant immediate protective custody when the department of social services has asked for it. The communities must be ready to provide some better place for the abused child than his own home when removal is necessary. Communities must provide for adequate staffs in local departments of social services so that they may investigate and offer counseling services to families that are reported.

State and federal laws require that this service be provided, but caseworkers burdened with too many cases and inadequate supervision cannot meet the task. The mandatory reporting law has already caused a tremendous increase in cases reported. Protective services staff must be expanded to meet the need. When we recall that over 3,000 cases of neglect and abuse have been reported in the eight months since the mandatory reporting law was enacted, we realize much more staff time will have to be spent in court and utilizing community resources. An experienced or trained supervisor, aware of the emotional stress that goes along with constant work with neglect and abuse cases, is essential to good protective services. He or she can serve as a safety valve and assist in preparing the worker psychologically to deal with his client's hostility or emotional inadequacies.

Medical, psychiatric, and legal consultation must be available in the community or available to the worker on request. The physician brings medical expertise to specific situations to help determine whether or not abuse or neglect has taken place. The physician works out an appropriate plan of medical care for the child.

The psychiatric consultant aids the social worker in evaluating the quality of the parent-child relationship, personality factors affecting the situation, and the implications these have for casework planning and treatment of individuals or families. The limitations of casework and psychotherapy in particular cases should be understood. With the help of the psychiatric consultant, the caseworker can differentiate between the effect of deprivation and the effects of parental psychopathology and determine the relative success that can be hoped for through the caseworker relationship. The con-

sultant, together with the supervisor, can help the caseworker with his own feelings.

The protective services worker cannot be expected to take a case to court where a contest is likely without good legal consultation. The lawyer aids in evaluating evidence for court action and helps the agency prepare the case.

We live in a family-oriented society, and we justly feel that no social institution can replace the family in meeting the individual needs of children. We must learn, however, to recognize the families in our communities that are calling for help. The physical abuse of a child is a symptom of deep parental problems and inadequacies. The act of abuse is a parent's way of saying, "Help me, protect me from myself or relieve me from this awesome burden of rearing children." The type of help families receive during a crisis over abused children has a direct relationship to the adjustments they make during the weeks and months that follow. The family's defenses are down during a crisis. Parents will more readily acknowledge a problem, and therefore they are more amenable to help and change. When an agency or community is reluctant to follow up complaints of neglect or abuse, to offer preventive services, or to develop resources such as foster care and day care for the emergency protection of children, it is time the agency and the community examine themselves and their attitudes about their responsibilities to protect children.

We have discussed child neglect and community neglect--now let's take a look at governmental neglect. In December, 1971, there were 165,872 recipients of Aid to Dependent Children in North Carolina. The average payment per month was \$32.34 per recipient. This is 86 percent of the minimum requirements for subsistence per month as set by the General Assembly. These children are deprived of the parental care and support of one or both parents. It is obvious that much progress has been made in child protective services in North Carolina. Are we now ready to conserve our most important natural resource--our children--remove the financial stress on thousands of families, and provide adequate payments and services to help these young citizens become contributing members of our society?

Issues and Needs in Child Abuse and Neglect

David G. Gil and Vincent De Francis

Vincent De Francis

I would like to put aside for the time being the issues in child abuse that have been so well covered in these discussions. I want to concentrate here on needs. One need I have heard voiced many times around the nation is more legislation. Some argue we need more laws if we are going to stamp out abuse or help the child who is reported. I believe we have sufficient legislation. What we need is implementation of the existing laws. The latest modification of the North Carolina law is excellent. It places the state in the front ranks of states that have modified their original reporting legislation. The law has all the basic elements; it incorporates all of the recommendations those of us who have studied these laws have made. Now that law needs to be implemented. Reporting only finds children. You now need to do something once the child has been found.

We have talked about protective services--what we need is adequate protective services. Mr. Modlin did a beautiful job of identifying some of the special areas of concern. I talked about the need for enlarging services, for getting more staff and more funds to do the bigger job. But we ought to be aware of some basic facts. First, there is a matter of policy with the state department responsible for overseeing all protective services. Secondly, we must look at

implementation at the county level where the actual job is being done. Here are some of the standards that we at the national level have found to be important.

Protective services should be and must be provided in specialized protective services units with a supervisor and staff working solely with protective services cases. The second basic national standard is that child protective services should be operating around the clock. The program should be a 24-hour-a-day service, seven days a week. You cannot say, "Fine, we'll have this highly specialized program for kids but it will operate only during office hours; weekends, well, somebody else can do it, and after office hours, somebody else can do it." Our concept is a good specialized approach that is designed to meet the needs of children. So 24-hour service must be made available.

Protective services require an enormous investment of knowledge and skill in casework, and they must be intensively applied in most cases. For this reason, caseloads should be rigidly controlled. Mr. Modlin suggested 30 cases as a maximum. In some of our better facilities 25 is the maximum. We are talking about 25 families; there may be 100 children in the 25 families. It is important to recognize that in protective services we are dealing with families. We are there on behalf of children, but our relationships are with parents, not children. We have described the protective services approach as child-centered, but it is more accurately family-focused. We must help resolve the family problems that have led to neglect and abuse. So rigid control of caseloads is important. The caseworker bogged down with an enormous number of caseloads is not providing the intensity of service that is required for effective protection and help.

The purpose of protective services is to stop the abuse of a child, not to change the personality of the parent. Protective services workers are not psychoanalysts. They do not come in and say, "Mrs. Smith, please lie down while I find out what's wrong with you. I can psychoanalyze you." We are caseworkers, seeking to change behavior, not personality. It is because of behavior that a child has been injured. We are behavior-oriented. In the process of our work, some personality change may occur. But essentially we try to change behavior.

A third point, which was well made by Mr. Modlin, is

that there must be available both sufficient and qualified staff. I am not saying we must necessarily have fully trained social workers--that would be an impossible ideal. There are not enough available. But we need qualified personnel especially trained for this very special kind of job. There must be fully qualified supervision. Many of the decisions the caseworker must make are so grave that they must be supported by a supervisor's aid and approval. Good staff, qualified people, in-service training programs, sensitive and qualified supervision, all are prerequisites of quality protective services.

I can not agree more with Mr. Modlin's statement concerning consultants. Certainly a medical consultant must be available. Caseworkers may need to consult with a psychiatrist for an interpretation of motivations and of family dynamics. We are not making a police investigation, we are making a psycho-social investigation. We must have psychiatric confirmation about why parents behave as they do before we can seek to modify their behavior.

We must have legal consultation in those few cases where the authority of the court is involved. We must put our best foot forward in court because we have made a deal with children who are in situations of grave danger, and we cannot live up to our side unless we are fully prepared when we invoke the authority of the courts. We need to know whether or not we have an adequate case, we need help in preparing a better case, and we need to be sure there is legal representation for the child. Increasingly, we are finding that the courts in the country are requiring counsel for the child in juvenile cases of neglect as well as delinquency. In the neglect case the court might require counsel for the parents and for the petitioner. So there may be three lawyers in these cases. If we do not have proper representation in court, the protective services worker's case is lost. Legal consultation should be available without question.

I would also rethink the use of volunteers. I do not think we have made sufficient use of volunteers in social work and protective services. There are many imaginative ways in which we can use volunteers. When there is a need to develop a dependency relationship between the neglectful or abusive parent and the protective services worker, a volunteer may serve as a substitute parent. The approach has worked very well in my home community through the protective

services program, the medical school, and the university hospital. This is only one example of how we may use volunteers.

Finally, we need total cooperation from the community. As I said this morning, protective services is not operating in a vacuum. It must have support; it must have assistance; it must have cooperation. Medical health services, both in-patient and out-patient, marital counseling, day care, home-maker services--all these resources should be available in your community, and it is part of the responsibility of the general public to provide them. We need cooperation from other child services such as the school to identify the child who shows the first sign of neglect or abuse so that help may be given early.

Schools also have a role to play in offering family life education. Many of the parents who are neglecting or abusing their children were themselves neglected or abused in the past. Because their parents were abusive, they unconsciously repeat that behavior. We have to break this cycle some place And where better than the school. Classes in family living may be the first exposure some children have to what good family life can be. They may have a lasting effect on a child who has experienced only destructive family life. Churches should play the same role as schools with respect to family life education.

We need to cooperate with law enforcement officers who come in contact with many of these children, particularly the sexually abused child. Often nothing is done for the victims beyond the routine handling every police case is given.

In closing I want to reiterate my concern for these children we often overlook. While I do not minimize the problem of the battered child, I suggest that this conference has been so well received because many people now recognize the problem and want to learn more about it. How many people are aware of the sexually abused child? Yet the number of battered children is a fraction of those threatened with sexual abuse.

David G. Gil

Vincent De Francis was one of the first persons to draw attention to the battered child syndrome. I am very pleased to hear him ask us to focus on another group of children living in unhealthy conditions.

I want to direct my final remarks to an escape mechanism that we as a society very often use. We project a problem, a problem that is in society, onto individuals whose unacceptable behavior is caused by the problem. We devise services to change and correct the individual. We are very good at this. We know what good protective services are, we know what good psychiatric services are, we know what good medical services are, and we know what the social and case-work services are. So when we are confronted with a problem, we come up with a service strategy. Implicit in all service packages is a passive acceptance of the social status quo. We say we are so sorry, it cannot stay as it is, but meanwhile we will give some services to those few people who do not make out so well in the existing society. I am not here to speak against services. Services are very important; we need them, and I have worked many years in services. But what concerns me is that as we get involved in advocating and implementing services, we tend to neglect any emphasis on social change and the political action aimed at bringing it about. Effective changes in society will eliminate the problems that we have had to design services to correct.

Mr. Modlin spoke about AFDC. The average individual grant is \$32.00, and only 86 percent of budgeted need is paid out. To me, the very act of a state legislature deciding the minimum on which anybody should live is inhuman. When we talk about equal rights for children and then decide that a certain group of children ought to live on a minimum, there is an inconsistency. The policy constitutes what I would call societal abuse or state sanctioned, legalized abuse or neglect. It makes no difference whether you pay 6 percent or 100 percent. The minimum is usually inadequate. A minimum also discriminates and separates children who have to live on it from those who do not. John Dewey has said, "What the righteous parent wants for his child, the community should want for all

its children," and I think this is a much better policy to ask the North Carolina Legislature to implement. What people need first of all is an adequate income, and we have to be a measure of what is adequate.

Every spring the Bureau of Labor Statistics, an agency of the United States Government, measures what it costs to live in the United States and publishes a report. Three budgets are given: the low budget, the intermediate budget, and the adequate budget. The low budget is the amount considered a minimum income for a decent existence, not a starvation diet. The minimum budget in the United States, two years ago, was approximately \$6,900 for a family of four for a year. When you add 12 percent for each of the last two years for inflation, the figure is pushed up to about \$7,300 for this year. A little over \$7,000 is the income the government considers the minimum level for an adequate existence. (You can check with the Bureau of Labor Statistics for the exact current figures.) To reconstruct the public assistance program at \$2,400 for the minimum family income, as some national leaders propose, is to suggest that families live on less than half of what it costs to live adequately. If I were to live on \$2,400 with my two children and my wife, I would be an expert on neglect. And all the protective services from the United States and all over North Carolina could come to my aid, but I would still be neglecting my family.

I think we have to face up to some very simple truths--material needs cannot be provided for through services. This is an illusion that was implied in the 1967 amendments to the Social Security Act. We were all excited about the service strategy. Between 1967 and 1972 things have become progressively worse in spite of all the mandated services.

Then we established another monstrosity loaded with services, and the situation of the professionals and the researchers, including myself, who received grants from all of you to study the poor, improved immensely. But poverty has continued at the same level since 1945 or so; 20 percent of our population has consistently received less than 5 percent of national income. That is the bottom end. Twenty percent of the population on top has received over 45 percent, and 5 percent on top has received 20 percent of national income.

It is obvious that as long as we tolerate this kind of income distribution, no amount of protective services will prevent neglect. This I have to be very clear about. And if you look beyond income, if you look at the more serious discrepancy, the distribution of wealth, you will find that 1 or 2 percent of our population controls 80 percent of the corporate stock in this country. These are the issues social workers have to address themselves to. I am not quite sure what we do about them except to organize politically to insist on changing this structured injustice in our society.

The New York Times recently had a very interesting article on how we pay taxes. (I also saw it reprinted in a Philadelphia paper so it is not just the New York Times that is suspicious.) If you read this you will find that the higher the income, the more the government gives you through loopholes. If your income happens to be only a million dollars a year, you are assured an average of \$700,000 in gifts from the federal government. This does not appear in the national budget but is a tax not paid, with the help of various loopholes such as depletion allowances and other ingenious mechanisms. If you are rich enough you can hire a lawyer, and you do not pay taxes at all. It is perfectly legal. There are several hundred people in this nation who make over \$200,000 a year and do not pay taxes. But they are within the law. I am not saying they are criminals.

You may ask what all this has to do with child protection. I feel a lot. It is the essence of child protection because, as long as we participate in such immense injustice, there will be neglected children. Children in our country actually starve. We know. We have done studies of nutrition, and we know that millions of children do not have adequate food. We know that millions of children do not have adequate medical care, we know that millions of mothers do not have adequate prenatal care, and we know that the majority of the American children do not have decent schools. They do not have an adequate education; this is massive neglect sanctioned by law and tolerated by all of us. We are all guilty. We have to realize that accusing individual parents who happen to be poor, who do not wash often enough, concentrating our anger on them--or developing excellent services for them--is avoiding the real issue. The real issue is that the rights spelled out in the Declaration of Independence must become available to all on an equal basis. This nation was established to ensure that all citizens have equal rights.

Vincent De Francis

I agree with Dr. Gil wholeheartedly. We need two approaches. One is broad social action; this will lead to prevention of abuse and neglect. The other approach is protective services for those children who are neglected. Let us not oversimplify the problem. There are many very poor families in which children are not neglected or abused. There are also many children of wealthy parents who are abused and neglected. It is not simply poverty we are fighting; it is not purely and solely a matter of giving out more money to make the problem of child abuse and neglect go away. Adequate incomes for all will help, but we still need services.

THE SECOND DAY

Welcome

Robert Denny

It is my pleasure to welcome all of you to the second day of the Second Governor's Conference on Child Abuse and Neglect. Yesterday's outstanding program set the stage for today and for what comes after. Our Governor's keynote address informed us of some of the hard facts of child abuse in North Carolina--more than 3,000 reported cases this year so far and 23 deaths. Yet he pointed out how difficult it is for us to think in terms of child abuse and neglect in our present-day society and still consider ours a child-centered culture. The two guest speakers, Dr. David Gil and Dr. Vincent De Francis, gave emphasis to some of the urgent problems facing us. Dr. Gil's national study of the causes and extent of child abuse uncovered the fact that only three states have outlawed corporal punishment in public schools. In reality corporal punishment is an accepted disciplinary measure in most public schools. While this country has devised an elaborate legal system to take care of disagreements between adults, we have done little to protect a child in disputes with adults. Dr. De Francis gave a vivid description of community protective services as he has observed them around the country. He has helped this concept grow and develop national standards.

After lunch with Dr. Styron, the President of our State Medical Society, presiding, Dr. Will London, who is president of the Pediatric Society of North Carolina, led a panel discussion on recognition of the abused child. Dr. Lois

Pounds pointed out some dangers of parents expecting too much from their children. She also described some of the signs x-ray technicians and other medical professionals look for in routine checks for possible abuse. Dr. Catherine Taylor elaborated on the possible frustrations of parenthood, especially for the emotionally immature person. Even the sex of a child or the extra burden he represents can cause a parent under stress to hurt or ignore him. The physical and psychological makeup of certain children seem to invite abuse in some cases. Mrs. De Saix emphasized neglect of children, a larger problem in numbers than abuse. She urged us to stop linking abuse and neglect, which arise from different causes and require different approaches to treatment. Mr. Modlin shared firsthand information about his experience in protective services at the local level. Our very full day ended with an excellent summary of the needs in the area of child protection by Dr. De Francis and Dr. Gil. Dr. De Francis urged us to move on from formulation of laws to the problem of implementation. We have a good law. What happens from this point on will determine whether we alleviate the problem. Dr. Gil ended with an exciting challenge for us all--can we as a state, as a nation, admit that we are a party to the neglect of thousands of children when we fail to insist that our government provide even the minimum physical needs of all children?

Today we all will have an opportunity to speak to these issues and challenges of child abuse and neglect. Our panel this morning will help us understand some of the legal problems of child protection. Several viewpoints on the child abuse case in litigation will be presented: a prosecutor, a law enforcement officer, a public defender, and two district court judges. Then we will divide up into small groups where we can work together on some of the issues raised by our speakers.

Finally we hope you will return to your home community and share the experiences and understanding gained here. We hope you will carry with you the excellent pamphlet on the new legislation, prepared by Mason Thomas and distributed by the Institute of Government, and the information in your conference folder prepared by the Department of Social Services. It is within our means to make change take place, and what we do today and when we get back home will help. Thank you and again, a very warm welcome to all of you.

Four Perspectives on Legal Problems in Child Protection in North Carolina

A Panel Discussion by E. Lynn Johnson
Dana Tingen / Clifton E. Johnson
Dale Shepherd / B. Gordon Gentry

E. Lynn Johnson

For those of you who do not have legal training and are not familiar with the state judicial system but may be providing evidence in a child abuse case, I will review the court process. Then I will make some comments about the present reporting system here in North Carolina.

Basically, my responsibilities as assistant solicitor are to prosecute in the name of the State of North Carolina the criminal charges pending in the district and superior courts of North Carolina. The solicitor also represents the state in juvenile hearings when he is requested to do so by the juvenile court judge and when an attorney is representing the child. The solicitor and his staff also represent the petitioner in interstate support cases under the reciprocal procedures. Our office works with a variety of law enforcement agencies. We become involved in child abuse cases when the criminal process is instituted. A magistrate, who is a judicial officer, screens complaints, and determines whether there is probable cause to believe that the criminal offense of child abuse has been committed. If he finds probable cause, a warrant is issued. When the warrant is served on a parent or other person accused of child abuse, we obtain jurisdiction. From then on, the accused is in the criminal process of the State of North Carolina. Appeal of the conviction of child abuse is unusual, but I believe future child abuse cases will be appealed from the district courts, and if the

lower court decision is upheld, carried to the Court of Appeals and eventually to the Supreme Court. We can expect some new appellate court decisions on cases prosecuted under the 1971 law.

I want to review briefly with you the trial of a criminal case in the district court. You will be presenting the evidence you have gathered in a child abuse case before a district court judge sitting in your judicial district. The defendant is brought before the judge in the district courtroom. The solicitor, who will be presenting the evidence for the state, arraigns the defendant. The warrant is read to the defendant in open court, and the defendant is asked what his plea is to the charges specified in the warrant. The defendant will usually enter one of three pleas: guilty, nolo contendere, or not guilty. On a plea of not guilty, the burden is on the State of North Carolina to present evidence beyond a reasonable doubt that the defendant is guilty of the crime for which he stands accused. The State is the first party to present evidence. The judge must decide that the evidence presented is sufficient to go before a jury. At this point, the district court judge is sitting as both judge and jury. At the end of the presentation of the state's evidence, the defendant or his attorney will move for nonsuit. This motion, provided for in criminal cases, is a lawyer's way of saying, "Judge, I don't believe they presented enough evidence to go to jury."

If the judge denies the defendant's motion, the case proceeds with the judge sitting as both judge and jury. The defendant is presented with the problem of deciding whether or not he wants to present evidence in his own behalf. The evidence may take several forms. The defendant may decide to testify, or other witnesses may be called to testify for the defendant. In the United States and North Carolina, the defendant is protected by the Fifth and Fourteenth Amendments to the Constitution; he does not have to testify against himself. At the end of the defendant's evidence the state can present rebuttal evidence, and the defendant can come back with his own rebuttal evidence. After all the evidence has been presented, the judge, who sits as the jury in the district court, renders a judgment. If the verdict is guilty as charged, the judge must then impose a sentence on the defendant. He will take into account many factors in making his decision including recommendations by the department of social services, by the defendant's own attorney, and the defendant's testimony.

As I mentioned earlier, the burden is on the State to prove each and every element of the crime with which the defendant stands charged. I would like to review with you these elements as set forth in G.S. 14-318.2 of the 1971 reporting law. You must have them in mind as you make an investigation.

(1) You must be able to prove that either a parent or some other person who was caring for a child as a caretaker or supervisor was involved in abuse or neglect of the child. This is probably one of the simpler elements you will have to prove, but nevertheless you must prove it to the satisfaction of the court.

(2) You have to prove that the child is less than 16 years of age.

(3) You must show beyond a reasonable doubt that the parent or caretaker either inflicted physical injury, allowed physical injury to be inflicted, or created or allowed to be created a substantial risk of physical injury.

(4) You must prove that the action of the accused was not accidental.

You should probably carry a copy of the statute with you on any investigation of suspected child abuse.

Perhaps I am overemphasizing the need to provide adequate proof of the crime to support your argument in court. But all too often a caseworker has come to my office with allegations of child abuse in a case with which she or he is obviously very much concerned. When I examine the case, I find that the investigator has no proof to substantiate the charges other than his own speculation as to what happened. Many things you see out in the field as caseworkers must tear your hearts out. But if you are going to go through the criminal process to help avert a tragedy, you must have proof beyond a reasonable doubt that a crime occurred and that the person you accuse is guilty of it.

A child abuse case enters the criminal processes just like any other case and is given a number by the clerk of the superior court. You may have an overriding interest in the immediate prosecution of the case, but to be realistic, you must realize that your case commands no more precedence in the criminal system than another.

You should be aware of other problems of criminal investigation. Some are rather obvious to those of you who have already investigated child abuse cases. Your chief witness, in many instances your only witness, is the victim. Usually a small child cannot or is hesitant to provide an investigator with information that you need to successfully prosecute a case in court. You want him to tell you things that will incriminate his parent, relative, or other adult for whom he feels some kind of affection. The parents or caretaker are also naturally reluctant to provide you with any information that would incriminate themselves. Most child abuse cases are based on what is known in the law as circumstantial evidence--cases that are very difficult to prove. But there are a number of ways of questioning witnesses and gathering evidence that will help you to prosecute a child abuse case successfully even when you must rely on circumstantial evidence. Try to make the accused person tell his side of the story in as much detail as possible. If he retells the incident several times, you may catch him in some inconsistencies. One of the points the district court judge listens for is inconsistencies in the story given by the parent or caretaker. If you keep this in mind at the time you are investigating suspected child abuse, you may have a much stronger legal basis on which to continue the investigation.

For example, the caretaker or parent may tell the doctor that the child fell off the bed. The doctor suspects abuse. How can you prepare evidence for the solicitor that will support the doctor's testimony in court? You may take photographs of the surroundings. A photograph of the bed and measurements of the distance from the bed to where the child is claimed to have fallen will be very valuable to the solicitor as well as to the judge. Photographs of the place where the crime is supposed to have occurred, taken within a reasonable time, can be crucial to your case.

The crux of child abuse cases turns on the doctor's testimony, but doctors are very reluctant to spend all day in court. You can help your case by including a report from the doctor with the report of your own investigation to the solicitor. In most child abuse cases, a doctor and a social worker will testify; in some cases, a neighbor or one of the parents may testify also. However, in my opinion, the fate of the case turns on one question: "Doctor, on the basis of your observations of the child, what is your medical opinion of how the injuries occurred?" If the doctor is willing to testify that

the injuries could not have been sustained accidentally, his evidence will probably carry the burden of a successful prosecution of the case.

One of the most important elements in the state's evidence will be photographs of the child. You as a caseworker or law enforcement officer may be the person in a position to obtain this evidence. The photographs should be obtained immediately. Bruises and other visible evidence of body injuries may fade within a few days. Pictures, not verbal descriptions, are the only way you can give the judge the positive proof of what you saw on that day that a child had been beaten. The local city-county identification bureau (if you have one), the juvenile officers, or the local police or sheriff's department can be called upon to take the photographs.

I want to raise two final points about nonlegal investigators of child abuse cases. I believe we need to reexamine the department of social services form. There is also the important need to clarify the legal status and responsibilities of caseworkers. On the less complex problem of reporting forms, I would like to suggest some rather technical additions that would greatly increase their usefulness to the prosecuting officer in building his case.

- (1) The name, as well as sex and age, of the child.
- (2) The name, as well as sex and approximate age, of the parent or caretaker.
- (3) A summary of your investigation findings, excluding personal speculation.
- (4) Names, addresses, telephone numbers, and brief statements of witnesses.
- (5) Detailed statements from witnesses including, where pertinent, references to photographs or other physical evidence provided.
- (6) Comments on a separate page accompanying the report.

After the investigator has set down all of this information, he is almost forced to evaluate the case for himself. Does the case stand up? Are the witnesses' statements full and conclusive, or are they limited in some ways? The form encourages the investigator to do the valuable preliminary review of the case before it reaches the solicitor's office.

The last suggestion anticipates the new discovery legislation that is coming out next year. Under these new rules, the defendants and/or their attorneys will be able to obtain copies of your report. If your opinions and comments about witnesses are included in that report, you will be giving valuable information to your legal opponents, information that will undoubtedly be used in cross-examinations.

The caseworker may be responsible for supplying some important elements in a chain of evidence merely by being the first person to arrive at the scene of an assault on a child with some kind of weapon. Will he be expected to be prepared to follow the legal procedure all law enforcement officers are trained to follow? The child abuse case may become a homicide case, which requires a grand jury bill of indictment and a subsequent jury trial in superior court where more stringent rules of evidence may apply.

This leads to my final question, which I leave to someone at this conference to investigate. What is the legal status of caseworkers as investigators in criminal cases? We need research into whether or not they, acting as investigators, fall into the category of law enforcement officers. Are they required to advise a person of his constitutional rights? Do they have arrest powers? I think these issues will be important as the 1971 reporting law is implemented and tested in the courts.

Dana Tingen

Law enforcement agencies in the larger cities and counties throughout North Carolina are establishing youth bureaus. The plainclothes officers in these bureaus have primary responsibility for youth crime and delinquency prevention. They also investigate all crimes committed to children under the age of 16 including contributing to the delinquency of a minor, statutory rape, incest, furnishing beer to minors, drug-related crimes, and child abuse. They handle investigation of delinquent and undisciplined offenses perpetrated by the youthful offender.

Under the child abuse reporting law, police officers and youth bureaus are required to report to the county director

of the department of social services all suspected cases of child neglect and abuse. We are required by statute to assist in the investigation and to evaluate the seriousness of any report of child abuse or neglect should the department of social services request our help. The law does not, however, mention some of the other very real responsibilities we have in child abuse cases. It could happen that a police officer would be called upon to provide protection to a department of social services worker offering protective services to a client who angrily refuses it. In the same case we might also be serving a temporary custody order, forcibly removing a child from his home, and possibly arresting a parent for interfering with an officer in the line of duty or assaulting the social services worker, while always remaining calm and remembering to advise a person of his rights.

Seriously, the law defines in fairly clear terms what everyone should be doing about child abuse and neglect in North Carolina. What is actually happening throughout the state in child abuse and neglect investigations? Mine is perhaps a warped opinion of one hardnose police officer. One major weakness in realistic implementation of the new procedure is the handling of emergency cases. Social services workers are available only during normal officer hours. We as police officers are dedicated to protecting human life and must continue to perform preliminary investigations in emergency child abuse and neglect reports whatever the hour. We may, if necessary, call a juvenile court judge, obtain the custody order, get in touch with the solicitor and the magistrate, obtain warrants, and so forth. The present legislation does not cover procedure in emergency cases. We cannot expect that parents will abuse only between the hours of 8:00 a.m. and 4:00 p.m. on weekdays. I am suggesting the law should have included a mandatory on-call policy for social service workers and a provision for adequate compensation for overtime work--hopefully better than the compensation police officers now receive.

We have found that professional and other people are reporting more neglect and abuse than ever before under the 1971 law. The departments of social services, already woefully understaffed, have continued to investigate all of the increasing numbers of reports. The child welfare supervisor in our county told me that 188 cases, reported between January 1 and April 1, 1972, have been investigated by the department. I do not know how the staff did it. I can only

surmise that some social services workers, lacking training in criminal investigation procedure, failed to collect the proper evidence or to obtain statements that can be used by the solicitor in subsequent criminal prosecution or in a juvenile court case. The department of social services sends reports to the solicitor as required by law. But often some 30 days later a request for further investigation from the solicitor is received by the same police officer who had originally referred the case to the department of social services for investigation. Where does this game of ring-around-the-roses stop? And at whose expense? All too often the victim's. This is what concerns me--as a police officer and a mother.

We need to reassess what constitutes good investigative procedures and recognize that they must be invoked in some child abuse cases. The department of social services workers are excellent social workers and counselors but are not trained as criminal investigators. And we have to face the unpleasant fact that we may step on some people's toes in investigating. What can we do? First, immediate, on-the-scene investigation is essential, as Mr. Johnson as a solicitor pointed out. Once a parent has denied that he inflicted injury on his child, he is more likely to continue to deny it to protect his integrity as well as to avoid punishment. If he were interviewed a bit more extensively the first time, he might not be able to keep to his original statement in later questioning.

Neighbors should be interviewed as eyewitnesses. In one recent North Carolina case, a caseworker failed to interview an eyewitness in a child abuse investigation because the parent had already admitted her guilt. Cases are not made in court or in the lawyer's office in consultation a few minutes before court, but in the field by the trained investigator. And we must not forget that in most cases, the child has been abused repeatedly and continuously before someone takes the initiative and reports the family to the police or the social services agency. Let us not be too quick to accept a parent's statement that "I've never harmed anyone in my life, much less my own child. How dare you accuse me?" A quick call to the police or sheriff's department may reveal a past history of assaults and other crimes. When he claims innocence, you might let him know you know he has a police record. This might bring out a confession immediately.

As Mr. Johnson reminded us, we cannot afford to delay investigating child abuse cases. The ability of professionals to respond immediately may be the determining factor in whether a child lives or dies. Also, just as a good investigator would not call up a murder suspect and say, "I would like to interview you at 9 on Monday morning," or "I'll drop by your home," we should rely on surprise visits in child abuse cases. Otherwise we may be giving the suspect time to dispose of physical evidence, establish an alibi, or even threaten a witness. Before we hastily close a case deciding a family does not need our services, perhaps we as professionals need to think more in terms of prevention, recognizing that the "abused or neglected child" of today is often the undisciplined and delinquent child of tomorrow.

Last but not least, I think we should recognize one common factor in many child abuse and neglect cases. The family members often have no firmly-held religious faith. There is a lack of love of God. And somehow, we as social workers or police officers must try to focus the parent's attention on higher values as we work with the family. I have no ambition to become a social worker--and social workers are not likely to want to take on my job--but in the best interests of the abused and neglected child and the child who is the victim of sexual assault, we need to work together to more effectively coordinate services and to bridge the gaps between us.

Clifton E. Johnson

Mr. Johnson and Mrs. Tingen have given you some idea of the problems and complications facing district court judges. Anytime you see judges talking to themselves, you may attribute our strange behavior to the considerable confusion that we have to tolerate to get at the true facts in child abuse and neglect cases. But we are fortunate to have an excellent department of social services in Mecklenburg County. The staff does a wonderful job in investigations for solicitors in spite of problems and complications.

The district court has exclusive original jurisdiction

over any case involving a child who resides in or is found in the district and who is alleged to be delinquent, undisciplined, dependent, neglected, or abused. Our concern at this conference is the neglected and abused child. However, the neglected or abused child is often brought before a judge originally for alleged delinquency, dependency, or undisciplined behavior. The jurisdiction of the court in abuse or neglect cases is invoked when a petition is signed by the director of the department of social service or his staff, although in some cases petitions are signed by the law enforcement agents, juvenile court counselors, or independent persons.

One of the most common problems I am faced with in Mecklenburg County is the length of time within which a petition alleging child neglect or abuse must be heard. Mr. Johnson mentioned another problem--the admissibility of evidence. Community punishment after conviction is a third issue in these cases. The problem of how long a child may be held before a hearing hinges on the applicability of Section 7A-284 of the General Statutes. The new law embraces the definition of the neglected child in Section 7A-278, but we have not settled whether or not the part of 7A that deals with civil procedure is also applicable to delinquent, dependent, and undisciplined children. Section 7A-284 implies that the court must conduct a hearing on the matter within five days after assuming custody or the child must be released. You can imagine what heartaches can be caused, but upon a motion from the defense attorney, this provision must be applied.

If G.S. 7A-284 is controlling, does the five-day limit include Saturdays, Sundays, and holidays? A strict interpretation of the statute requires that every day be counted. Heavy caseloads or more pressing cases on the court docket, as well as the time-consuming exigencies of locating witnesses and making a case in child abuse, can often prevent speedy hearings of petitions. I believe we need a law similar to the one in civil procedure that governs the service of summons and papers. Under this rule, Saturdays, Sundays, and holidays are not counted if the fifth day or the final day falls on one of these days. The case is carried over to the next regular court day.

Court judges are torn in these cases between their concern for a child and their responsibility to abide by

the Constitution of the United States, the Constitution of North Carolina, and the particular laws of this state as they apply to the defendant. Criminal abuse cases are brought before a district court judge for a trial without a jury. The district court judge has to be the judge and jury in these cases in contrast to hearings in neglect or noncriminal neglect cases or hearings on a petition seeking custody or the immediate removal of a child from his home. When the department of social services files a petition for the immediate removal and custody of a child, the court only has to find sufficient facts based upon competent evidence to enter an order removing a child from the harmful environment. In a criminal action, the state has the burden of proving the guilt of the accused person beyond a reasonable doubt. As we all know, that is a heavy burden in child abuse cases. We already have laws in other criminal matters that allow a presumption that a criminal act has been committed in certain situations. I would like to suggest that our legislature consider a similar presumption in child abuse cases in which a professional person or doctor gives a medical opinion, after a thorough examination of the child, that the injuries could not have occurred from any accidental means. This evidence would then be sufficient to establish the offense.

The judge must ultimately decide how to treat a convicted parent. He can sentence him to a prison term. He can refer the parent for diagnosis and treatment from the available community agencies' services. No decision is mandatory; the judge must decide for himself on the basis of many factors. The problem is legal only in the sense that the judge must make the final determination. The community and experts such as our speakers here are among those who make inputs into the final decision of the court. Dr. De Francis, Dr. Gil, and others have given convincing evidence that not all child abuse is intentional. Even in a case where punitive punishment is the best decision, we must consider what will happen when the convicted parent returns to the community and requests custody of his or her child. I hope you will consider in your discussion groups today the difficult problem of what to do with a parent convicted of child abuse.

Dale Shepherd

I think I handled one of the first child abuse cases in our history. It made the papers, and soon after I went to my parents' house, hoping to get a free ham supper. My mother met me at the door wanting to know what in the world I was doing defending such terrible people. I got a baloney sandwich that night. But Dr. Gil, Dr. De Francis, and others have reinforced my intuition that most of those accused are not really criminal nor do they have criminal intent. If the state does proceed to get a criminal conviction against them, they should have as good a defense as may be available for them.

Time is short today, but I would like to say a few things about what you can expect from a defense lawyer. My first problem when the case comes to me is to decide how to plead--guilty or not guilty? This was a problem in the first case of this type that I had. A woman and her husband were both charged under the new statute. The state wanted to make sure that they got a conviction since the case was the first and would receive a lot of publicity. The state wanted to get the provisions of the new statute before the community through publicity. First we must face the ethical problems of whether to plead guilty or not guilty. I, as a public defender, do not have the discretion to withdraw from a case permitted a lawyer who knows he cannot do his best for his client. The judge will not release me from the case.

Assuming the defense counsel feels he does not have a very good case, he may then have to work with his client's adamant refusal to plead guilty. He reminds her of the damaging evidence of those terrible photographs. She says that she is not going to plead guilty to anything because she will never get her child back. Her attorney cannot really refute that since the decision is in somebody else's hands.

The attorney goes ahead with the plea of not guilty. He may immediately move to dismiss the warrant on the grounds that the statute is unconstitutionally vague. As the solicitor has said here, there is not much case law in this area. I suppose our statute was purposely drawn similarly to statutes

in other states, in the hopes that it would pass all the constitutional tests. But I do bring this to your attention to indicate how carefully a warrant needs to be drawn. A statute as broad as this is on the cutting edge of constitutional questions. An example of this point is the following quote from Mason Thomas' booklet on the 1971 reporting law: "The statute defines an 'abused child' to be any child less than sixteen years of age whose parent or caretaker inflicts (or allows to be inflicted) a physical injury by other than accidental means which causes a substantial risk of death, disfigurement, impairment of physical health, or loss or impairment of a body organ, or who creates (or allows to be created) a situation in which there is substantial risk that one of the above events will occur, or who commits (or allows to be committed) a sex act upon a child in violation of law." The part that says "or who creates (or allows to be created)" is pretty broad. I expect, if you followed it strictly, we all may be guilty of child abuse. I do not know whether this statute will be overturned; I am sure that the courts will make every effort to uphold it.

You do not need to be concerned about the long-run outcome of this constitutional challenge. But you should be sure the charge in your warrant means what you want it to. If you are not careful, the defense counsel can move for a nonsuit at the end of the state's evidence because there is discrepancy between the charge in the warrant and what you can prove. The judge will be reluctant to grant that motion, but he may have to. I know that you would not want to lose the case on some technicality like that.

Defense counsel will continue to attack the state's case if his various motions are denied. Judge Johnson emphasized the usefulness of photographs. Usually photographs are allowed as evidence to explain the testimony of a witness. If the photographs are too inflammatory, however, the defense counsel may object. In one case I had, the photographic evidence got very close to the line. The pictures were allowed, but they showed the child after his head had been shaved and covered with medicine. The child looked worse after treatment than before.

Solicitor Johnson mentioned the problem of whether or not the person has been given his warnings; this is an area in which we still have much to learn. The crucial point is whether or not the person was in custody when he was charged.

So if you think you could probably get into evidence what the person told you if he is not in custody or not under arrest, you still are just talking to him. But if you are a police officer or have some sort of arrest power that you have already focused on him, then there is not much question about your responsibility to advise him of his rights. The parent's attorney will object to anything you try to bring in as evidence about what the defendant told you if he or she was in custody at the time. You need to be careful about that.

One other problem is still unsettled. When two persons, usually husband and wife, are charged under this broad statute, one may want to put blame on the other. The new statute does say that a spouse can testify against the other spouse. But can you get on the stand and testify that husband Smith told me that wife Smith beat the child? This can be considered an out-of-court confession, and I do not know whether it is admissible or not. The testimony would certainly not be admissible in the ordinary case where two persons are charged and one tries to put it off on the other but then refuses to take the stand.

The defense counsel is going to try through cross-examination of the state's witnesses to prove that the evidence does not show that a crime has been committed but rather that the injury to the child was caused in some other way. This is perfectly fair although you may think the same way my mother did when she would not give me any ham that night. Several speakers have said that parents may not even know what they are doing. If they do, they block it out of their minds. Under those circumstances, the defense counsel has to try to break down the state's case if he is going to do his client any good.

Whether the defense counsel will put his client on the stand depends on the case. Usually he will not. Many times the defendant will not be able to help his case in any way, especially if the case has been appealed. You have to remember your case may be appealed, and the evidence may have to stand up in the superior court. Somebody like Judge Gentry who sits in the juvenile court all the time may be a little easier to convince about child abuse. But if you appeal the case and get an unsympathetic jury who believes children ought to be paddled every now and then, you may have to work a little harder to prove the defendant's guilt. The defense counsel will try to get that type of jury on appeal.

B. Gordon Gentry

First of all, I would like to say that judges should be very much concerned with getting these cases to an early trial. The judge does have control over his docket even though a case may bear a number. In cases such as murders, we make sure there is an early trial. There is no reason why judges should not see that these child abuse cases are tried quickly. The judge and the solicitor need to come to an understanding that the court expects these cases to take precedence over other cases.

Judge Johnson raised some questions of interpretation of the law on which I differ somewhat. If a child is held in a detention home for some action of his, this five-day statute is mandatory and Saturdays and Sundays are counted. If the child has been removed from the parents on an emergency court order, the obligation is to set an early hearing. There is no reason why the petitioner cannot ask for continuance, just as the parents can, in order to get ready. I do not think that the judge is obligated to release the child under those circumstances.

Judges are rotated in the district court and do not sit long enough in any one division to acquire experience in working with these cases. The district judge should have juvenile cases assigned to him for one year so that the rotating judge becomes familiar with the social workers and other staff with whom he will be working.

Questions

Dr. Barbara Day, Moderator: This pile of questions is getting higher. The first question to Lynn Johnson: "One important issue is the discretion of the solicitor to prosecute or not to prosecute. How should this discretion be used?"

Mr. Johnson: That is a good question. In North Carolina

the solicitor has the power to decide whether he wants to prosecute a case or not. I will try to be as frank about the way I approach such a decision as I can be. I look at the merits of the case first of all. Believe it or not, I will make my decision based in part on my knowledge of the investigating officer, or in a child abuse case, the investigating social worker. If I have no faith in the investigating officer--and there are some law enforcement officers in whom I have less faith than others--my decision on whether to prosecute tends to be negative. When an attorney is involved before a warrant is issued, he may come to me with a proposal for helping his client. When he knows his client is guilty, he asks that, if a warrant has already been issued, he be permitted to take a legal non-pros, which is legal language for no prosecution. If he already has a legitimate plan worked out and is sincere in his efforts for having the man see a mental health center or his own privately retained psychiatrist, I think that is probably good justification for not prosecuting. In my opinion, a conviction of child abuse probably has as much stigma attached to it as a crime against nature. I have found in my limited experience with child abuse cases that the defendant's attorney is very vigorous in his efforts to keep his client from conviction. The conviction, unless reversed later, stands on a person's record and will adversely affect the person's life for a long time.

Dr. Day: Thank you. This question is to Judge Johnson or Judge Gentry. "I wonder if it might be more in the interest of children if a judge specialized in juvenile court cases rather than having the rotation of judges which most judicial districts now use. Would specialization of judges help the judges become more familiar with juvenile procedures and deal more effectively with crowded dockets?"

Judge Johnson: Judge Gentry has spoken to that already. I would agree that specializing would help to alleviate this particular problem. However, the district judge does not have any say as to which cases are assigned to him. It is left to the discretion of the chief judge. In my case, I had limited civil experience when I was appointed judge, and I requested to be included on the civil courts in order to broaden my experience.

The five-day issue clearly has some constitutional issues because of the differences in interpretation Judge

Gentry and I have expressed. Under the new law, if there is no time limit, can a department take a child by court order and keep him indefinitely without holding a hearing in response to the parents? I think not. Parental rights need to be guarded. I think the statute is overly broad if the correct interpretation is that no time limit is required. A case is pending in the federal court now on this issue in Mecklenburg County.

Judge Gentry: I think there is another statute under the juvenile law with reference to moving a child by emergency order that requires a hearing within ten days. There is no reason in the world why a judge cannot give them a hearing within ten days.

Judge Johnson: This is done in many cases, but when witnesses for some reason do not want to come forth and even leave the jurisdiction of the court, a continuance is necessary in order to try to locate these witnesses, even though under the law they have a responsibility to come in and testify.

Dr. Day: On the question of "no criminal intent" in case of child abuse, this is directed to Mr. Shepherd: "In assault of one adult upon another, where the second adult is severely injured, is the assaulting adult liable for prosecution and conviction of assault, even if there is no criminal intent? If so, why is this different from assault upon a child, with no criminal intent--does it matter about the intent or the result to the child?"

Mr. Shepherd: I do not think this has really been determined. It is an issue for the Supreme Court, but generally the law is that you are liable if you intend what you do. I would think that general theory would apply to the child abuse case. But it is a good question, and a lawyer would certainly raise that question of constitutionality when the case gets to the Supreme Court. Unless there is an added burden under the statute of proving specific intent, general intent is usually proved by showing that the person committed the crime. Generally the rule is that you intend to do what you did do, and it is for the jury to determine whether a crime was committed.

Dr. Day: These are two questions for Mrs. Tingen. "I believe many social workers here would disagree with Mrs. Tingen's concept of the role of the social worker in the social investigation. How may a law enforcement agency and the department

of social services increase mutual understanding and develop a more effective working relationship?" That is one question. The other is "If the Police Department is so concerned about the caseworker's inability to conduct good criminal investigation, why can't they conduct an orientation program to instruct them in the proper procedure?"

Mrs. Tingen: In Burlington we are planning to conduct such a school coordinated through the Department of Community College later this summer. I would hope that other police departments would take the initiative to conduct such courses through their youth bureau or their community colleges. We are concerned over the coordination of services and how we might effectively increase this. I feel that it would be helpful if the social worker and the police officer can get to know one another as professionals. We should forget that I am a police worker and you are a social worker. We are just two professionals out working on a case for the best interest of the child.

Dr. Day: These questions are regarding the public schools and addressed to Judge Gentry.

(1) Are public schools covering up crime today, and if so, what must be done about it?

(2) Do public school personnel have the right, either in the presence or absence of a police or social services juvenile officer, to take pictures of a child without the parents' permission for possible evidence against those parents in a child abuse case?

(3) Do public school personnel have the right (assuming a doctor willing to make the examination can be found) to have a child examined by a doctor without the parents' permission?

Judge Gentry: With reference to the first question I have no knowledge of information that the public school people are covering up offenses. The school officials stand in the shoes of the parents when the children are in school, and they have a right to take corrective action even though what the child may have done would be a crime. The actions taken by the schools vary in each school system. Some may report incidents to the police while others in the same system may not.

With reference to the next question I know of no prohibition against school officials having the pictures made while the children are in school. They do it for athletic events;

there's no reason why they can't do it for any other purpose. In answer to the last question, I would answer yes. I think schools have a duty if the child gets sick or has an accident in school to see that the child receives necessary medical attention. The schools have the same obligation if the child comes to school in need of medical attention.

Dr. Day: It is obvious that we have many excellent questions on the table. I wish we had time to answer all of these. But if you will notice your program, we do have opportunity today for two small discussion groups so perhaps you can take your questions along to these groups. I want to thank the members of the panel for their contributions and thank you for your time and interest.

Summaries of Small Group Discussions

Legal, Medical, and Social Issues

Participants were divided into groups according to their special areas of concern: schools, courts, law enforcement, social work, and public health. The discussions centered around the broad issues in these fields. Questions raised during the morning panel on legal problems were fresh in the minds of participants, and many were raised in discussions. The role of the protective services worker and whether it was compatible with that of the criminal investigator, as the morning panel seemed to suggest, was an important part of most discussions. The need for coordination of services, the topic of the afternoon sessions, was also emphasized.

The groups generally agreed that the primary work of the protective services worker is keeping the parent and child together, and for this reason, the roles of police investigator and social worker must be separated. Many participants felt the morning's panel emphasized the negative side of child protection--criminal prosecution--and they wanted to reemphasize the legislative intent of the 1971 law, which is preserving families.

The protective services worker has a dual responsibility--to his client and to his community. New approaches to effective casework need to be developed: emphasis on work with both parents to change behavior, 24-hour service, in-service training

programs for workers, and provision for preventive as well as protective services. In the community the department of social services must take the lead in attacking the causes of child abuse and neglect through public information programs and the development of services for both recognition and prevention of individual cases. Departments need also to build community support for more adequate staff and funding for protective services.

Practical suggestions were offered to improve and extend the service already offered families. Formation of self-help groups of parents, expansion of homemaker services, and community action programs can help reach out to families, especially in isolated areas with limited resources. Well trained and supervised volunteers, with a place for mature retired citizens, can give the intensive care to individual families that overburdened caseworkers sometimes cannot provide. Preventive measures suggested included bringing mental health workers into cases earlier and using questionnaires in well-baby clinics to find out how a parent feels toward his newborn.

The protective services worker mediates between his clients and the community. He reaches out in empathy to parents, letting them know that the community has responsibility for child protection. He also brings the community to understand its child neglect problem. To act effectively as a community, citizens need to know more about the problem of child abuse and neglect. Individuals as citizens need information about their responsibilities and rights to legal protection under the new reporting law. Better use of news media and broad distribution of materials describing the new legislation will help people overcome their fear of getting involved. People need to know that the department of social services investigates even anonymous calls and will not divulge the name of the person reporting if he so requests.

Parents who are afraid they may hurt their child need to know where to turn for immediate help. Establishing and advertising Hot Lines and Help Lines can avert tragedy and reach parents not covered by a social service program. One group listened to a young mother's story of being driven to the point of threatening to kill her child before she found help.

The groups composed of school personnel concentrated on three areas: the teacher's legal right to call attention to

or investigate a suspected case of abuse or neglect, the development of family life education courses, and the use of corporal punishment. Some confusion was apparent over what a teacher could and should do for a pupil who seemed to be suffering from abuse or neglect. Even though school officials are not equipped to handle these problems, often they must. Many felt schools should teach teachers about their new responsibilities to report under the 1971 reporting law. Most teachers do not understand that the law provides them legal protection and requires that they report suspected child abuse cases.

Family life education was seen as an important way to prevent future abuse, and Goldsboro's extensive program was cited as a model. Vocational education courses such as food preparation also help a child provide better for his future family.

Corporal punishment as a disciplinary means available to teachers was a controversial subject. Some felt the issue did not belong in a discussion of child abuse but was merely a corrective tool, even necessary to maintain order. Some felt teachers needed the leeway to use physical punishment. Others asked if accepting the need to use physical punishment was not an admission that our schools are controlling rather than motivating, stimulating, and guiding children. One participant who felt corporal punishment was a negative force in a child's development urged others who agreed to let legislators know how they felt about laws sanctioning its use in the public schools. Expulsion, suspension, and positive reinforcement of acceptable behavior were offered as effective substitutes for physical punishment. Also discipline problems are often diminished in classrooms that are organized for learning and where parents are encouraged to participate. Truancy was recognized as child neglect, and participants felt the parent rather than the child should be taken to court.

The role of the judge and law enforcement officers was as much an issue in groups of legal officers as that of the social worker was in other groups. Some participants felt those involved in adjudication of child abuse and neglect cases should emphasize rehabilitation over punishment. All alternatives to removing a child from his home should be tried. Some felt that the decision to proceed with prosecution of a parent reflects a lack of confidence in social workers' ability to provide effective protective services. Others

believed such action simply represents the recognition of the solicitor or judge that he must bear the weight of making the decision to prosecute or determine guilt in a case. Participants generally agreed that North Carolina needs a more uniform court system; there are inconsistencies even within one system. While no consensus was reached about the system of rotating judges, participants agreed that judges need more specialized training in the juvenile area. The assignment of specialized types of cases to judges should be given more careful consideration.

The 1971 reporting law was discussed in some detail in groups of legal officials. Questions from the morning panel concerning the 5-day limit on holding a child before a hearing and the gray area of the legal status of a department of social services worker as investigator were raised again. One group felt it would probably be better to list the law enforcement agency along with the department of social services as the reporting agency--with reciprocal notification. In counties where the relations are good between the two agencies, the present reporting system works well. In others, police officers look on the reporting procedure as added red tape since they feel they will ultimately do the investigations anyway.

Specific questions included how the 16-18-year-old and the mentally incompetent youths are covered under the law; what jurisdiction does the court have on military bases; and at what stage are parental rights terminated and who petitions for such termination. One group recommended that submission of the request for termination of parental rights be allowed in the proceedings against the parent, after the decision of the court, rather than in a later special hearing as the present statute seems to require (under 7A-288). Written statements of out-of-state physicians often offer important information, particularly in transient counties. Several participants felt these reports should be allowed as evidence. Legal officers believed mandatory follow-up of cases was needed so that the court is notified when a child is placed back in his home.

The need for interagency coordination came up in several sessions. Participants mentioned the possibility of a state-funded coordinating agency, formation of child protection councils, and closer communication among department of social service workers, hospitals, schools, courts, and police officers. The afternoon sessions allowed time for fuller discussions of

these suggestions. The content of the morning panel indicated to many that all involved in child protection did not agree on whether to pursue treatment or punishment. However, good rapport between the court and the department of social services can promote an understanding of the social work philosophy of individualized treatment by the courts and law enforcement agencies.

Broad social issues were raised in the context of discussions of these problems. Definitions are needed--for child neglect and child abuse. We need guidelines for evaluating a child's situation that are free of the values of one social class or of variable criteria that depend on the expectations of a particular group of people. Neglect on one side of town is often not defined as neglect on the other side of town.

The legal rights of children need to be defined as they relate to rights of adults and parents. One group saw this question reaching to the deeper one of what it means to be a human being. Those in the legal field felt that common sense could be applied in protecting a child. He has a right to freedom, like adults, but it is tempered by responsibility to others. Parents need to have power over children during their socialization period, but a parent can set limits on the child without abuse. The gnawing question--what happens when a parent's rights conflict with a child's right to grow up--remains unanswered.

Interagency Coordination

During the afternoon participants again met in small groups, each of which represented a variety of disciplines, to explore the need for interagency cooperation for effective child protection. Much valuable practical experience on how various agencies and individuals in a community involved in child welfare could cooperate and communicate better with each other was shared. Yet participants recognized the need to face the broader social issues raised during the morning sessions if protective services are to benefit the families in need. Schools, departments of social services, law enforcement agencies, and the courts were singled out as key areas in all coordinating efforts.

Practical approaches to interagency coordination ranged from programs with much formal structure to small groups of parents brought together for mutual help and support. One participant described a plan called DART (Detection by a doctor, Admission to a hospital, Reporting to the social services agency, and Treatment), a program at a marine base that had proved an effective system at the hospital and had been moderately successful with parent involvement. Others in the group expressed doubts that such a plan could be successful without military authority.

The effectiveness of the traditional approach to coordination--formation of interagency councils or social services exchanges--was discussed in most groups. The face-to-face contact of workers from various departments in regular meetings encourages communication, which is the key to coordination. But the groups must keep the purpose of better services to clients firmly in mind or the meetings become merely exchanges of compliments. One group suggested that everyone in child welfare needs to digest each other's job description.

However, there was a feeling among some that we need to develop more formal networks of communication and formal policies for interaction, possibly required by state law and administered on a regional rather than countywide basis. The informal arrangements which develop in some areas work up to a point, but they break down when individuals change positions or leave the community. In addition, most caseworkers carry such heavy caseloads that they will not have time for coordinated efforts unless such efforts are given high priority. While the practical advantages of required coordination, efficiently administered on a regional basis, were admitted, most groups agreed that the success of any plan for coordination depended upon allowing for individual variance in each county.

Several strategies for strengthening the present informal structures were suggested. The director of a department of social services needs to give cooperation with all agencies a high priority and to inform his staff of this. In order to free some of the time of caseworkers so that they may work in coordinated efforts, fuller use of homemakers and other paraprofessionals should be made. A directory of community resources, distributed to hospitals, clinics, and other agencies can be a valuable tool for learning what others are doing and for avoiding overlap and interference.

Teams of professionals have been used effectively, especially in rural areas. One county sent out public health nurses and department of social services workers in teams to identify high-risk families such as one-parent homes, teenage parents, and those with mentally retarded or physically handicapped children. Supportive services including family planning, basic child care, and homemaker services were offered. The treatment planning team, which could include law enforcement officers, school representatives, and mental health workers as well, can coordinate delivery of services and build on the strengths of the individual family.

Group treatment is often effective and can help lessen caseloads. One participant described an organization in another state called "Mothers, Anonymous," for "moms who blow their cool with their kids." A professional counselor participated in the group sessions, some of which were held in prisons.

The discussion groups were concerned with improving communication with the larger community as well as among child welfare agencies. The department of social services was generally looked to for the leadership in developing public information programs. The public and other professionals need to be educated about the general problem and their duty under the new law to report child abuse and neglect. And success stories should be publicized. Free booklets, distributed in schools and other public institutions, better use of mass media, establishment of referral agencies, crisis centers, and similar programs, and speeches to community groups, all can improve understanding of the problems in child abuse. A particular detail, often overlooked, is the need for clear listings in the telephone book so that persons can easily find out who to report a case to.

The schools can play a key role in identifying possible child abuse or neglect by seeking reasons for a child's disruptive behavior or poor attendance record. The school is probably the best place to detect an emotionally damaging home environment, but since school personnel usually cannot verify their suspicions through home visitation, they hesitate to report cases. When the school does report a suspected case, however, the department of social services should report back to school officials after investigating.

Another point at which neglect or abuse could be identified

is during evaluation of a child for placement in a special education class. With adequate personnel, schools could conduct multidisciplinary evaluations, testing psychological, social, and physical responses as well as intelligence. We must avoid mistakes in classifying a child as retarded.

Because physical neglect often stems from a parent's own lack of any experience with good child care, school programs in family life, starting in lower elementary grades, are very important. Family life education can help break a family pattern of abuse and neglect.

The cooperation of the courts, along with schools and departments of social services, is essential to coordination. The North Carolina system of rotating judges makes this difficult. Of first importance is the development of an understanding of the role of the child welfare worker. A social worker is a family helper, not a criminal investigator, although he or she may present evidence in court. A final practical suggestion was made to improve handling of a case in which several agencies are involved. All agencies could meet together and share confidential information prior to a court hearing. On this basis an interagency council could make recommendations to the court.

The success of solutions to problems in practice is interwoven with our responses to broader issues. One concern that came up often in discussions was the importance to the social worker of maintaining client confidentiality. How can this be achieved when another agency is brought in for help with a particular family problem? One group felt that confidences can be shared without destroying the atmosphere of trust between client and caseworker if permission is obtained from the client to seek further advice.

Most groups were concerned that communities seek to change their approach from punishment to service and beyond that from services aimed at protection to prevention. Too often damage has been done before the community services are brought into play; we need to educate the public about the underlying causes of child abuse and treat these as well as the physical injuries. Families in peril, and their friends and neighbors, need to know that there is a place to turn.

Finally, we cannot prevent what we cannot describe; as the morning groups indicated, we need criteria for evaluating

abuse and neglect. Should standards differ depending on whether the investigation is for court action or family reinforcement? And, what disciplinary measures are effective in our society? Can we find substitutes for physical punishment, and yet preserve a child's right to constructive discipline?

The groups affirmed the value of sharing experiences and developing personal relationships with all who work for child protection. Improved communication and coordination can be attained in the field and at occasional conferences of this sort.

Concluding Summary

Mason P. Thomas, Jr.

First, I want to give a word of thanks to the many individuals and groups that made this conference possible. The sponsors are listed on the back of the program. Several people should be individually thanked.

Mr. David Murray of the Governor's Office who sold the idea to Governor Scott.

Dr. Ted Scurletis of the State Board of Health and his staff, particularly Mrs. Barbara Tetterton. Dr. Scurletis planned the first Governor's Conference, planned for the invitations for this one, arranged for the printing of the program, and participated in planning the program for this conference.

Mrs. Jan Wells and Mrs. Margaret Paris of the State Department of Social Services. Mrs. Paris kept track of the cards you sent in and planned for the small discussion groups. It was a mammoth job. She and her staff arranged for and manned the registration. They did a magnificent job.

There are others--too numerous to mention individually--who worked to make this conference a valuable experience for all the participants.

A review of the content of the conference reveals how much we have to learn and where the challenges lie in the future. Governor Scott's keynote address provided a good framework within which we can address the problem of child abuse and neglect. We have yet to fully define the phenomenon. Our law speaks primarily to physical abuse. We as a society are only beginning to deal openly and honestly with the many kinds of abuse and neglect that children in our country suffer. What standards are we using to determine physical, emotional, or sexual abuse and neglect of children? Both Governor Scott and Dr. De Francis provided us with important historical perspectives. Abuse and neglect are as old as man himself. We--and history--have only recently begun to admit and examine these problems.

Dr. De Francis pointed out that the idea of protective services is about 100 years old. It began in New York City with the case of Mary Ellen Wilson, a girl about ten years of age, who had been placed in a foster home. But unknown to the public agency placing her, the foster father was her biological father, and this was his reason for interest in her. She was severely physically abused by her foster mother. This case illustrates governmental neglect--a fact up to the present time--in child placement practices and in providing financial assistance to poor children.

If there had been an adequate child placement services, Mary Ellen would have never been placed in this home. If there had been adequate supervision (as the law required even then) of the foster home, we might not be reading in social work and child welfare literature about the case of Mary Ellen. The New York Society for Prevention of Cruelty to Children was established as a direct result of this case.

From the beginning child protective agencies have differed in philosophy. The law enforcement approach emphasizes prosecution and punishment of the parents. The parents are put in jail, the child is rescued and placed in a foster home or institution. The family is broken up. The New York Society became the model for this approach. This agency was given law enforcement authority to arrest by special legislation.

The protective services approach that was followed in early years by the Massachusetts and Philadelphia societies for the Prevention of Cruelty to Children is primarily devoted to avoiding the separation of the child from his parents.

Out of their experience, we have developed the current concept of protective services with its emphasis on service to help persons become better parents and on prevention of child abuse.

I bring up this bit of history not to show off but to suggest that this issue is still with us. The law enforcement approach emphasizes prosecution of parents. Protective services approach emphasizes services to preserve the family. The crucial issue for us is what is the philosophy of the North Carolina law. The basic thrust of this legislation is expressed in the section on Legislative Intent and Purpose to be protective services to parents:

The General Assembly recognizes the growing problem of child abuse and neglect and that children do not always receive appropriate care and protection from their parents or other caretakers acting in loco parentis. The primary purpose of requiring reports of child abuse and neglect as provided by this Article is to identify any children suspected to be neglected or abused and to assure that protective services will be made available to such children and their families as quickly as possible to the end that such children will be protected, that further abuse or neglect will be prevented, and to preserve the family life of the parties involved where possible by enhancing parental capacity for good child care.

There are elements of the law enforcement approach in the North Carolina law in the provision for reporting abuse cases to the solicitor so he may consider prosecution. These philosophies were debated in the North Carolina General Assembly. Both points of view were heard. Both are included in our law. But the basic emphasis in the law is the protective services approach.

In general, the new mandatory child abuse reporting law is a good law. Thus the important issue for us is implementation of this law. As I have listened to the program, I heard some problems identified that we should discuss. You will think of others.

First, there is a lack of understanding of the mandatory

nature of the law. All professionals who now have a legal duty to report suspected child abuse or neglect do not understand their new legal duties. Some who do know about the reporting law refuse to report for one reason or another. While reporting is mandatory, any criminal penalty for failure to report was purposely omitted. The basic strategy was to depend on the sense of professional responsibility of professionals and citizens for effective implementation. In one discussion group today, a case was reported in which the physician refused to allow the nurse to report an abused child they had treated. She felt she could not go ahead since a nurse is expected to follow the physician's directions. The doctor did not wish to report the case because it took too much time. The attitude he revealed confirms the urgent need for better education and interpretation of the reporting law.

A confusion over the roles of persons working on an abuse case has been expressed several times during this conference. The law requires that the social services department investigate when it receives a report: "To make a prompt and thorough investigation in order to ascertain the facts of the case and to evaluate the extent of the abuse or neglect." The social worker should not try to play a law enforcement role. The purpose of the social worker's investigation is social and protective. He or she enters the case to evaluate whether the child is in immediate danger, to decide whether to seek court authority for immediate removal, and to assess the kinds of protective services that might be needed. The basic role of the social services department staff is to provide protective services--defined for the first time in the 1971 North Carolina statute.

The social worker should not perceive of herself as a criminal investigator. She is not supposed to know about Miranda rights, about criminal investigation techniques, etc. If the abuse or neglect is serious and prosecution of the parents is a possibility, then the social worker and law enforcement officer should work together. The county director has the authority to call in law enforcement officials, who have the legal duty to respond to such calls for help. As we clarify roles, we can do a better job of effective child protection and implementation of the new law.

The court's action in child abuse cases has raised some practical problems. Problems of proof, differences in pro-

cedure in juvenile and criminal courts, and rotation of judges have all been discussed here. The problem of the five-day limit for hearings on child abuse after the child has been temporarily removed has been considered by the Attorney General who has ruled that weekends and holidays do not count.

The discretion of the solicitor in deciding whether or not to prosecute is very important. The child's last chance to return to his home may hinge on the solicitor's decision. Solicitors must begin to think more in social terms. Legal issues, the quality of his evidence, and the strength of his case do affect his decision, but he should also weigh carefully the stigma a conviction of child abuse can make when he chooses between referral to mental health resources or prosecution.

We touched upon two other legal issues: the possibility of termination of parental rights, and what happens to the child after he is once removed from his home. The child can become lost in foster care, moving from home to home. When if ever should he be returned to his natural parents? The more general question of the importance of parent's rights relative to the rights of the child is involved in most of these legal problems.

Finally, we need to remember that even if the child abuse reporting law is adequate and is implemented effectively, it will not solve all the problems. Little is being done about prevention. The law merely identifies the child already abused and neglected, and if implemented, provides for protective services and/or prosecution of parents.

Prevention raises many troublesome issues we are unwilling to face: the repeating cycle of abuse over generations and the uncomfortable area of effective techniques of child discipline. Family life education, emphasizing the roles parents take in a family, could be incorporated in the public school curriculum. Education could do much to break the repeating cycle of abuse. But if we do as Dr. Gil advocates and eliminate violence between parents and children, or between teachers and children, many of us would not know what to do. I am a product of the woodshed approach. As a parent, I use corporal punishment--but frequently in anger, out of my own need more than the child's need. I never feel quite right about it. I have not yet developed an appropriate substitute method

of child discipline for my own four children.

Clearly we need more understanding of this multidimensional problem. We need to learn to consider the issues it raises and to interpret the law and the duty to report. Above all the various professionals at the community level must work together for effective child protection. We must communicate more openly, and we must care about children more deeply.

Thank you.

BIOGRAPHICAL NOTES ON CONFERENCE SPEAKERS

BARBARA DAY is Professor in the School of Education, University of North Carolina at Chapel Hill.

VINCENT DE FRANCIS, a leader in the development of community protective services in this country, is Director of the Children's Division of the American Humane Association, Denver, Colorado.

ROBERT L. DENNY, Executive Director of the North Carolina Council on Developmental Disabilities, has worked for the physically and mentally handicapped since 1945.

CHRISTINE DE SAIX is currently a Consultant in Family and Children's Services with the North Carolina State Department of Social Services. She was recently involved in a research project studying the neglected child and his mother in Appalachia.

B. GORDON GENTRY, District Court Judge, 18th Judicial District (Guilford County), is a member of the Executive Committee of the National Council of Juvenile Court Judges.

DAVID G. GIL, author of Violence Against Children--Physical Child Abuse in the United States, is Professor of Social Policy in the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University.

CLIFTON E. JOHNSON is District Court Judge in the 26th Judicial District (Mecklenburg County).

E. LYNN JOHNSON is Assistant Solicitor in the 12th Solicitorial District, Fayetteville.

E.C. MODLIN, a member of the American Council of Social Workers, is Director of Wilson County Department of Social Services. He also serves as President of the Social Services Association.

LOIS A. POUNDS, M.D., holds degrees in nursing and medicine. She is Assistant Professor and Director, Pediatric Ambulatory Services, at the Duke University Medical Center.

DALE SHEPHERD is presently Assistant Public Defender in the 18th Judicial District in Greensboro.

CATHERINE A. TAYLOR, M.D., is Assistant Professor in the Departments of Psychiatry, Pediatrics and Family Medicine at the University of North Carolina, and serves as liaison child psychiatrist and consultant on child abuse to the Department of Pediatrics at North Carolina Memorial Hospital, Chapel Hill.

MASON P. THOMAS, JR., is Assistant Director of the Institute of Government, University of North Carolina at Chapel Hill.

DANA TINGEN is Youth Officer with the Burlington Police Department.

OTHER CONFERENCE LEADERS

LENOX BAKER gave the welcome at the opening session.

CLIFTON M. CRAIG presided at the opening session.

ROBERT L. FARMER presided at the closing session.

JACOB KOOMEN, M.D., introduced the keynote speaker.

WILLIAM L. LONDON, M.D., was moderator of the panel discussion on recognition of the abused child.

CHARLES W. STYRON, M.D., presided at the above mentioned panel.

JOHN E. WEEMS gave an opening welcome to the conference.

Group Discussion Leaders

Sue Applewhite
James A. Blakley
John Candillo
John S. Collie, Jr.
Marjorie Eckles
Ethel Fuller
Gene Harrell
Irene Herring
Edwin Koontz

Joyce Pickrell
Leon Silber
Jo Ann Smith
Marion Smith
Sylvia Stikeleather
Ed Taylor
Jan Wells
Ann Winstead

Group Discussion Recorders

Glenda Anderson
Mary Lee Anderson
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Sid Bradsher
Jacque Burgess
Ruth Canter
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Peggy Hussey
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Janice Inabinett
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William W. Mullen
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